

PHA Plans

5 Year Plan for Fiscal Years 2001 - 2005

Annual Plan for Fiscal Year 2001

VERSION 3

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH
NOTICES**

**PHA Plan
Agency Identification**

PHA Name: Inkster Housing Commission

PHA Number: MI027

PHA Fiscal Year Beginning: (mm/yyyy) 01/2001

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ PHA local offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ PHA local offices
- ☐ Main administrative office of the local government
- ☐ Main administrative office of the County government
- ☐ Main administrative office of the State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

5-YEAR PLAN
PHA FISCAL YEARS 2001 - 2005
[24 CFR Part 903.5]

A. Mission

State the PHA's mission for serving the needs of low-income, very low income, and extremely low-income families in the PHA's jurisdiction. (select one of the choices below)

- ☒ The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- ☐ The PHA's mission is: (state mission here)

B. Goals

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, **PHAS ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS.** (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the right of or below the stated objectives.

HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.

- ☒ PHA Goal: Expand the supply of assisted housing
Objectives:
- ☒ Apply for additional rental vouchers: (100) Next NOFA
- ☒ Reduce public housing vacancies: Reduce by 20 units 3rd Quarter and
30 units 4th Quarter
- ☐ Leverage private or other public funds to create additional housing opportunities:
- ☐ Acquire or build units or developments
- ☐ Other (list below)
- ☒ PHA Goal: Improve the quality of assisted housing
Objectives:

- ☒ Improve public housing management: MASS (FY 2000) – 22.17 (PHAS score) FY2001-60%, FY2002-70%, FY2003-80%, FY2004-90%, FY2005-90%
- ☒ Improve voucher management: (SEMAP score) FY 2000 – 70%
- ☒ Increase customer satisfaction: This has been addressed in the

Resident

Survey Follow-up Action Plan

- ☐ Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)
- ☒ Renovate or modernize public housing units: Please see 5 Year Capital Fund Action Plan
- ☒ Demolish or dispose of obsolete public housing: FY 2001 (4) fire units.
- ☐ Provide replacement public housing:
- ☐ Provide replacement vouchers:
- ☒ Other: (list below) Improve maintenance, work order responsiveness, improve curb appeal, and improve outreach through community-wide marketing.

- ☒ PHA Goal: Increase assisted housing choices

Objectives:

- ☒ Provide voucher mobility counseling: Beginning the 2nd Quarter of 2002
- ☒ Conduct outreach efforts to potential voucher landlords-Beginning the

4th

Quarter of 2001

- ☐ Increase voucher payment standards
- ☐ Implement voucher homeownership program:
- ☐ Implement public housing or other homeownership programs:
- ☐ Implement public housing site-based waiting lists:
- ☐ Convert public housing to vouchers:
- ☐ Other: (list below)

HUD Strategic Goal: Improve community quality of life and economic vitality

- ☒ PHA Goal: Provide an improved living environment

Objectives:

- ☒ Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
- Addressed in
IHC Admission And Continued Occupancy Policy

- ☒ Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments: Addressed in the IHC Admission And Continued Policy
- ☒ Implement public housing security improvements: Addressed in the IHC's PHDEP Plan
- ☒ Designate developments or buildings for particular resident groups (elderly, persons with disabilities) Twin Towers-(27-4) is planned for elderly only application submission by the October 15, 2001.
- ☐ Other: (list below)

HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals

- ☒ PHA Goal: Promote self-sufficiency and asset development of assisted households
Objectives:
 - ☒ Increase the number and percentage of employed persons in assisted families: Emphasize the importance of Section 3 in contracting in the 4th Quarter of 2001 and inform the City of Inkster of the importance. Income Targeting and Adoption of local working preference.
 - ☐ Provide or attract supportive services to improve assistance recipients' employability:
 - ☒ Provide or attract supportive services to increase independence for the elderly or families with disabilities. Healthcare Organization contracted 4th Quarter 2001.
 - ☐ Other: (list below)

HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans

- ☒ PHA Goal: Ensure equal opportunity and affirmatively further fair housing
Objectives:
 - ☒ Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability: Addressed in IHC Admission And Continued Occupancy Policy

- ☒ Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability: Addressed in the IHC Admission And Continued Occupancy Policy
- ☒ Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required: Addressed in IHC Admission And Continued Occupancy Policy
- ☐ Other: (list below)

Other PHA Goals and Objectives: (list below)

Annual PHA Plan
PHA Fiscal Year 2001
[24 CFR Part 903.7]

i. Annual Plan Type:

Select which type of Annual Plan the PHA will submit.

☐ **Standard Plan**

Streamlined Plan:

- ☐ **High Performing PHA**
☐ **Small Agency (<250 Public Housing Units)**
☐ **Administering Section 8 Only**

☒ **Troubled Agency Plan**

ii. Executive Summary of the Annual PHA Plan

[24 CFR Part 903.7 9 (r)]

Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

Table of Contents

| | <u>Page #</u> |
|--|---------------|
| Annual Plan | |
| i. Executive Summary | |
| ii. Table of Contents | |
| 1. Housing Needs | 5 |
| 2. Financial Resources | 11 |
| 3. Policies on Eligibility, Selection and Admissions | 13 |
| 4. Rent Determination Policies | 22 |
| 5. Operations and Management Policies | 26 |
| 6. Grievance Procedures | 28 |
| 7. Capital Improvement Needs | 29 |
| 8. Demolition and Disposition | 31 |
| 9. Designation of Housing | 32 |
| 10. Conversions of Public Housing | 33 |

| | |
|---|----|
| 11. Homeownership | 34 |
| 12. Community Service Programs | 36 |
| 13. Crime and Safety | 39 |
| 14. Pets (Effective January, 1 2001) | 41 |
| 15. Civil Rights Certifications (included with PHA Plan Certifications) | 41 |
| 16. Audit | 41 |
| 17. Asset Management | 41 |
| 18. Other Information | 42 |
| 19. Definition of "Substantial Deviation" | 45 |
| Attachment A-Economic self-sufficient Requirement | |
| Attachment B-Capital Fund Program Annual Statement | |
| Attachment C-Capital Fund Tables | |
| FY 2001 Operation Budget-mi027a03 | |
| Organization Chart-mi027b03 | |
| Certification-mi027c03 | |
| PHDEP Plan-mi027d03 | |
| Summary of Pet Policy-mi027e03 | |
| Capital Fund P&E Reports-mi027f03 | |

Attachments

Indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. Note: If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

Required Attachments:

☐
☒

FY 2001 Capital Fund Program Annual Statement

☒

Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)
(mi027a03)

Optional Attachments:

☒

PHA Management Organizational Chart

☒

FY 2001 Capital Fund Program 5 Year Action Plan

☒

Public Housing Drug Elimination Program (PHDEP) Plan

☐

Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)

☒

Other (List below, providing each attachment name)

Attachment A-Community Service Requirement

Attachment D-Admissions policy for Deconcentration

Supporting Documents Available for Review

Indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

| List of Supporting Documents Available for Review | | |
|---|---|--|
| Applicable & On Display | Supporting Document | Applicable Plan Component |
| X | PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations | 5 Year and Annual Plans |
| X | State/Local Government Certification of Consistency with the Consolidated Plan | 5 Year and Annual Plans |
| X | Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement. | 5 Year and Annual Plans |
| X | Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI))) and any additional backup data to support statement of housing needs in the jurisdiction | Annual Plan: Housing Needs |
| X | Most recent board-approved operating budget for the public housing program | Annual Plan: Financial Resources; |
| X | Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP] | Annual Plan: Eligibility, Selection, and Admissions Policies |
| X | Section 8 Administrative Plan | Annual Plan: Eligibility, Selection, and Admissions Policies |
| X | Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and | Annual Plan: Eligibility, Selection, and Admissions Policies |

| List of Supporting Documents Available for Review | | |
|--|--|--|
| Applicable & On Display | Supporting Document | Applicable Plan Component |
| | 2. Documentation of the required deconcentration and income mixing analysis | |
| X | Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy | Annual Plan: Rent Determination |
| X | Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy | Annual Plan: Rent Determination |
| X | Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan | Annual Plan: Rent Determination |
| X | Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation) | Annual Plan: Operations and Maintenance |
| X | Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy | Annual Plan: Grievance Procedures |
| X | Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan | Annual Plan: Grievance Procedures |
| X | The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year | Annual Plan: Capital Needs |
| X | Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant | Annual Plan: Capital Needs |
| X | Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option) | Annual Plan: Capital Needs |
| N/A | Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing | Annual Plan: Capital Needs |
| X | Approved or submitted applications for demolition and/or disposition of public housing | Annual Plan: Demolition and Disposition |
| X | Approved or submitted applications for designation of public housing (Designated Housing Plans) | Annual Plan: Designation of Public Housing |
| N/A | Approved or submitted assessments of reasonable | Annual Plan: Conversion |

| List of Supporting Documents Available for Review | | |
|--|--|---|
| Applicable & On Display | Supporting Document | Applicable Plan Component |
| | revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act | of Public Housing |
| N/A | Approved or submitted public housing homeownership programs/plans | Annual Plan: Homeownership |
| N/A | Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan | Annual Plan: Homeownership |
| N/A | Any cooperative agreement between the PHA and the TANF agency | Annual Plan: Community Service & Self-Sufficiency |
| X | FSS Action Plan/s for public housing and/or Section 8 | Annual Plan: Community Service & Self-Sufficiency |
| N/A | Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports | Annual Plan: Community Service & Self-Sufficiency |
| X | The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan) | Annual Plan: Safety and Crime Prevention |
| X | The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings | Annual Plan: Annual Audit |
| X | Troubled PHAs: MOA/Recovery Plan | Troubled PHAs |
| | Other supporting documents (optional) (list individually; use as many lines as necessary) | (specify as needed) |
| | | |

1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

A. Housing Needs of Families in the Jurisdiction/s Served by the PHA

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment.

| Housing Needs of Families in the Jurisdiction by Family Type | | | | | | | |
|---|---------|--------------------|--------|-------------|--------------------|------|---------------|
| Family Type | Overall | Afford- ability | Supply | Qualit y | Access -ibility | Size | Loca- tion |
| Income <= 30% of AMI | 1,604 | 5 | 4 | 5 | 5 | 4 | 5 |
| Income >30% but <=50% of AMI | 2,263 | 5 | 2 | 5 | 5 | 3 | 5 |
| Income >50% but <80% of AMI | 559 | 5 | 5 | 5 | 5 | 5 | 5 |
| Elderly | 1,029 | 4 | 2 | 3 | 2 | 1 | 1 |
| Families with Disabilities | N/A | N/A | 5 | 5 | 5 | 5 | 5 |
| Black | 2,965 | 5 | 5 | 5 | 5 | 5 | 5 |
| White | 1,107 | 3 | 2 | 3 | 5 | 3 | 2 |
| Hispanic | 354 | 5 | 5 | 5 | 5 | 5 | 5 |
| Race/Ethnicity | | | | | | | |

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

- ☒ Consolidated Plan of the Jurisdiction/s
Indicate year: 2000
- ☒ U.S. Census data: the Comprehensive Housing Affordability Strategy (“CHAS”) dataset
- ☐ American Housing Survey data
Indicate year:
- ☒ Other housing market study
Indicate year: 2000
- ☐ Other sources: (list and indicate year of information)

B. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists

State the housing needs of the families on the PHA’s waiting list/s. **Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

| Housing Needs of Families on the Waiting List | | | |
|--|---------------|---------------------|-----------------|
| Waiting list type: (select one) | | | |
| <input checked="" type="checkbox"/> Section 8 tenant-based assistance | | | |
| <input type="checkbox"/> Public Housing | | | |
| <input type="checkbox"/> Combined Section 8 and Public Housing | | | |
| <input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) | | | |
| If used, identify which development/subjurisdiction: | | | |
| | # of families | % of total families | Annual Turnover |
| Waiting list total | 283 | | |
| Extremely low income <=30% AMI | 283 | | |
| Very low income (>30% but <=50% AMI) | 0 | | |
| Low income (>50% but <80% AMI) | 0 | | |
| Families with children | 277 | 98% | |
| Elderly families | 0 | | |
| Families with Disabilities | 6 | 2% | |
| White | 7 | 2% | |
| Black | 275 | 98% | |
| Race/ethnicity | 1 | | |
| Race/ethnicity | | | |
| Characteristics by Bedroom Size (Public Housing Only) | | | |
| 1BR | | | |
| 2 BR | | | |
| 3 BR | | | |
| 4 BR | | | |
| 5 BR | | | |
| 5+ BR | | | |

| Housing Needs of Families on the Waiting List | |
|--|--|
| Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | |
| If yes: | |
| How long has it been closed (# of months)? 5 | |
| Does the PHA expect to reopen the list in the PHA Plan year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

| Housing Needs of Families on the Waiting List | | | |
|--|---------------|---------------------|-----------------|
| Waiting list type: (select one) | | | |
| <input type="checkbox"/> Section 8 tenant-based assistance | | | |
| <input checked="" type="checkbox"/> Public Housing | | | |
| <input type="checkbox"/> Combined Section 8 and Public Housing | | | |
| <input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) | | | |
| If used, identify which development/subjurisdiction: | | | |
| | # of families | % of total families | Annual Turnover |
| Waiting list total | 38 | | |
| Extremely low income <=30% AMI | 31 | 82% | |
| Very low income (>30% but <=50% AMI) | 7 | 18% | |
| Low income (>50% but <80% AMI) | 0 | 0 | |
| Families with children | 26 | 68% | |
| Elderly families | 0 | 0 | |
| Families with Disabilities | 3 | 8% | |
| White | 4 | 11% | |
| Black | 34 | 89% | |
| Race/ethnicity | | | |
| Race/ethnicity | | | |
| Characteristics by Bedroom Size | | | |

| Housing Needs of Families on the Waiting List | | | |
|---|----|-----|--|
| (Public Housing Only) | | | |
| 1BR | 12 | 32% | |
| 2 BR | 14 | 37% | |
| 3 BR | 8 | 21% | |
| 4 BR | 2 | 5% | |
| 5 BR | 2 | 5% | |
| 5+ BR | | | |
| Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes: How long has it been closed (# of months)? 5 Does the PHA expect to reopen the list in the PHA Plan year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

C. Strategy for Addressing Needs

Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list **IN THE UPCOMING YEAR**, and the Agency's reasons for choosing this strategy.

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:

Select all that apply

- ☒ Employ effective maintenance and management policies to minimize the number of public housing units off-line
- ☒ Reduce turnover time for vacated public housing units
- ☒ Reduce time to renovate public housing units
- ☐ Seek replacement of public housing units lost to the inventory through mixed finance development
- ☐ Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- ☐ Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction

- ☐ Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- ☒ Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- ☒ Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- ☐ Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- ☐ Other (list below)

Strategy 2: Increase the number of affordable housing units by:

Select all that apply

- ☒ Apply for additional section 8 units should they become available
- ☐ Leverage affordable housing resources in the community through the creation of mixed - finance housing
- ☐ Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- ☐ Other: (list below)

Need: Specific Family Types: Families at or below 30% of median

Strategy 1: Target available assistance to families at or below 30 % of AMI

Select all that apply

- ☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- ☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- ☐ Employ admissions preferences aimed at families with economic hardships
- ☒ Adopt rent policies to support and encourage work
- ☐ Other: (list below)

Need: Specific Family Types: Families at or below 50% of median

Strategy 1: Target available assistance to families at or below 50% of AMI

Select all that apply

- ☒ Employ admissions preferences aimed at families who are working
- ☒ Adopt rent policies to support and encourage work

☐ Other: (list below)

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:

Select all that apply

- ☒ Seek designation of public housing for the elderly
- ☒ Apply for special-purpose vouchers targeted to the elderly, should they become available
- ☐ Other: (list below)

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:

Select all that apply

- ☐ Seek designation of public housing for families with disabilities
- ☒ Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- ☐ Apply for special-purpose vouchers targeted to families with disabilities, should they become available
- ☒ Affirmatively market to local non-profit agencies that assist families with disabilities
- ☐ Other: (list below)

Need: Specific Family Types: Races or ethnicities with disproportionate housing needs

Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:

Select if applicable

- ☒ Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- ☐ Other: (list below)

Strategy 2: Conduct activities to affirmatively further fair housing

Select all that apply

- ☒ Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- ☐ Market the section 8 program to owners outside of areas of poverty /minority concentrations
- ☐ Other: (list below)

Other Housing Needs & Strategies: (list needs and strategies below)

(2) Reasons for Selecting Strategies

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- ☒ Funding constraints
- ☒ Staffing constraints
- ☒ Limited availability of sites for assisted housing
- ☐ Extent to which particular housing needs are met by other organizations in the community
- ☐ Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- ☒ Influence of the housing market on PHA programs
- ☒ Community priorities regarding housing assistance
- ☐ Results of consultation with local or state government
- ☒ Results of consultation with residents and the Resident Advisory Board
- ☐ Results of consultation with advocacy groups
- ☐ Other: (list below)

2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

| Financial Resources: Planned Sources and Uses | | |
|--|-------------------|---------------------|
| Sources | Planned \$ | Planned Uses |

| Financial Resources: Planned Sources and Uses | | |
|---|-------------------|-------------------------------|
| Sources | Planned \$ | Planned Uses |
| 1. Federal Grants (FY 2001 grants) | | |
| a) Public Housing Operating Fund | 2,407,187 | |
| b) Public Housing Capital Fund | 1,850,031 | |
| c) HOPE VI Revitalization | N/A | |
| d) HOPE VI Demolition | N/A | |
| e) Annual Contributions for Section 8 Tenant-Based Assistance | 1,172,709 | |
| f) Public Housing Drug Elimination Program (including any Technical Assistance funds) | 210,803 | |
| g) Resident Opportunity and Self- Sufficiency Grants | N/A | |
| h) Community Development Block Grant | 47,500 | Upgrade existing lighting. |
| i) HOME | N/A | |
| Other Federal Grants (list below) | N/A | |
| | | |
| 2. Prior Year Federal Grants (unobligated funds only) (list below) | | |
| 99 ROSS | 29,459 | |
| 98 CGP | 40,648 | |
| 99 CGP | 1,448,253 | |
| 2000 PHDEP | 196,673 | |
| 2000 CAPITAL FUND | 1,850,031 | |
| 3. Public Housing Dwelling Rental Income | 1,416,000 | |
| 4. Other income (list below) | | |
| Excess Utilities | 8,000 | |
| Other Income | 32,700 | Tenant charges |
| 4. Non-federal sources (list below) | | |
| Investment Interest | 7,000 | |
| Non dwelling rental | 60,000 | |
| | | |
| Total resources | 10,776,994 | |
| | | |
| | | |

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.7 9 (c)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.

(1) Eligibility

a. When does the PHA verify eligibility for admission to public housing? (select all that apply)

- ☐ When families are within a certain number of being offered a unit: (state number)
- ☐ When families are within a certain time of being offered a unit: (state time)
- ☒ Other: Immediately after application (describe)

b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?

- ☒ Criminal or Drug-related activity
- ☒ Rental history
- ☒ Housekeeping
- ☐ Other (describe)

c. ☒ Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

d. ☒ Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

e. ☒ Yes ☐ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

(2)Waiting List Organization

a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)

- ☒ Community-wide list
- ☐ Sub-jurisdictional lists
- ☐ Site-based waiting lists
- ☐ Other (describe)

b. Where may interested persons apply for admission to public housing?

- ☒ PHA main administrative office
- ☐ PHA development site management office
- ☐ Other (list below)

c. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection (3) Assignment

1. How many site-based waiting lists will the PHA operate in the coming year?

2. ☐ Yes ☐ No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?
If yes, how many lists?

3. ☐ Yes ☐ No: May families be on more than one list simultaneously
If yes, how many lists?

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?

- ☐ PHA main administrative office
- ☐ All PHA development management offices
- ☐ Management offices at developments with site-based waiting lists
- ☐ At the development to which they would like to apply
- ☐ Other (list below)

(3) Assignment

a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)

- ☐ One

- ☒ Two
☐ Three or More

b. ☒ Yes ☐ No: Is this policy consistent across all waiting list types?

c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

(4) Admissions Preferences

a. Income targeting:

☐ Yes ☒ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?

b. Transfer policies:

In what circumstances will transfers take precedence over new admissions? (list below)

- ☐ Emergencies
☒ Overhoused
☐ Underhoused
☒ Medical justification
☒ Administrative reasons determined by the PHA (e.g., to permit modernization work)
☐ Resident choice: (state circumstances below)
☒ Other: (list below)
Designated Housing

c. Preferences

1. ☒ Yes ☐ No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If "no" is selected, skip to subsection (5) Occupancy)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

☐ Involuntary Displacement (Disaster, Government Action, Action of Housing

- ☒ Owner, Inaccessibility, Property Disposition)
- ☒ Victims of domestic violence
- ☐ Substandard housing
- ☐ Homelessness
- ☐ High rent burden (rent is > 50 percent of income)

Other preferences: (select below)

- ☒ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in the jurisdiction
- ☒ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☒ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

1 Date and Time

Former Federal preferences:

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- 1 Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden

Other preferences (select all that apply)

- ☒ 1 Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in the jurisdiction

- ☒ 1 Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☒ 1 Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

4. Relationship of preferences to income targeting requirements:

- ☒ The PHA applies preferences within income tiers
- ☐ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

(5) Occupancy

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)

- ☒ The PHA-resident lease
- ☒ The PHA's Admissions and (Continued) Occupancy policy
- ☒ PHA briefing seminars or written materials
- ☐ Other source (list)

b. How often must residents notify the PHA of changes in family composition? (select all that apply)

- ☐ At an annual reexamination and lease renewal
- ☒ Any time family composition changes
- ☐ At family request for revision
- ☐ Other (list)

(6) Deconcentration and Income Mixing

- a. ☐ Yes ☐ No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate

the need for measures to promote deconcentration of poverty or income mixing?

b. ☐ Yes ☐ No: Did the PHA adopt any changes to its admissions policies based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?

c. If the answer to b was yes, what changes were adopted? (select all that apply)

☐ Adoption of site-based waiting lists
If selected, list targeted developments below:

☐ Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments
If selected, list targeted developments below:

☐ Employing new admission preferences at targeted developments
If selected, list targeted developments below:

☐ Other (list policies and developments targeted below)

d. ☐ Yes ☐ No: Did the PHA adopt any changes to other policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?

e. If the answer to d was yes, how would you describe these changes? (select all that apply)

- ☐ Additional affirmative marketing
- ☐ Actions to improve the marketability of certain developments
- ☐ Adoption or adjustment of ceiling rents for certain developments
- ☐ Adoption of rent incentives to encourage deconcentration of poverty and income-mixing
- ☐ Other (list below)

f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply)

- ☐ Not applicable: results of analysis did not indicate a need for such efforts
- ☐ List (any applicable) developments below:

g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)

- ☐ Not applicable: results of analysis did not indicate a need for such efforts
☐ List (any applicable) developments below:

B. Section 8

Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B.

Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).

(1) Eligibility

a. What is the extent of screening conducted by the PHA? (select all that apply)

- ☒ Criminal or drug-related activity only to the extent required by law or regulation
☐ Criminal and drug-related activity, more extensively than required by law or regulation
☐ More general screening than criminal and drug-related activity (list factors below)
☐ Other (list below)

b. ☒ Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

c. ☒ Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

d. ☒ Yes ☐ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

e. Indicate what kinds of information you share with prospective landlords? (select all that apply)

- ☐ Criminal or drug-related activity

- ☒ Other (describe below)
Previous landlord information, if on file

(2) Waiting List Organization

- a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)

- ☒ None
☐ Federal public housing
☐ Federal moderate rehabilitation
☐ Federal project-based certificate program
☐ Other federal or local program (list below)

- b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)

- ☐ PHA main administrative office
☒ Other (list below)
29150 Carlyle (Section 8 Office)

(3) Search Time

- a. ☒ Yes ☐ No: Does the PHA give extensions on standard 60-day period to search for a unit?

If yes, state circumstances below:

(4) Admissions Preferences

- a. Income targeting

- ☐ Yes ☒ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?

- b. Preferences

1. ☒ Yes ☐ No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent (5) Special purpose section 8 assistance programs)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences

- ☐ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- ☒ Victims of domestic violence
- ☐ Substandard housing
- ☐ Homelessness
- ☐ High rent burden (rent is > 50 percent of income)

Other preferences (select all that apply)

- ☒ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in your jurisdiction
- ☒ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☒ Other preference(s) (list below)
Those applicants currently receiving assistance in Public Housing will be housed after those applicants currently not receiving any rental assistance.

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

1 Date and Time

Former Federal preferences

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- 1 Victims of domestic violence

Substandard housing
Homelessness
High rent burden

Other preferences (select all that apply)

- ☒ 1 Working families and those unable to work because of age or disability
☐ Veterans and veterans' families
☐ Residents who live and/or work in your jurisdiction
☒ 1 Those enrolled currently in educational, training, or upward mobility programs
☐ Households that contribute to meeting income goals (broad range of incomes)
☐ Households that contribute to meeting income requirements (targeting)
☒ 1 Those previously enrolled in educational, training, or upward mobility programs
☐ Victims of reprisals or hate crimes
☒ 4 Other preference(s) (list below)
Those applicants currently receiving assistance in public housing will be housed after those applicants currently not receiving any rental assistance.

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)

- ☒ Date and time of application
☐ Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for "residents who live and/or work in the jurisdiction" (select one)

- ☐ This preference has previously been reviewed and approved by HUD
☐ The PHA requests approval for this preference through this PHA Plan

6. Relationship of preferences to income targeting requirements: (select one)

- ☒ The PHA applies preferences within income tiers
☐ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

(5) Special Purpose Section 8 Assistance Programs

- a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)

- ☒ The Section 8 Administrative Plan
☒ Briefing sessions and written materials
☐ Other (list below)

- b. How does the PHA announce the availability of any special-purpose section 8 programs to the public?

- ☒ Through published notices
☒ Other (list below)
Radio (Public Service Announcements)
Cable Television (public access)

4. PHA Rent Determination Policies

[24 CFR Part 903.7 9 (d)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete sub-component 4A.

(1) Income Based Rent Policies

Describe the PHA's income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.

- a. Use of discretionary policies: (select one)

- ☐ The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---or---

- ☒ The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)

b. Minimum Rent

1. What amount best reflects the PHA's minimum rent? (select one)

- ☐ \$0
☐ \$1-\$25
☒ \$26-\$50

2. ☒ Yes ☐ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

3. If yes to question 2, list these policies below:

See Admission And Continued Occupancy Policy Section 11 (E) & (F)

c. Rents set at less than 30% than adjusted income

1. ☐ Yes ☒ No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?

2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:

d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)

☒ For the earned income of a previously unemployed household member
☐ For increases in earned income
☐ Fixed amount (other than general rent-setting policy)
If yes, state amount/s and circumstances below:

☐ Fixed percentage (other than general rent-setting policy)
If yes, state percentage/s and circumstances below:

☐ For household heads
☐ For other family members
☐ For transportation expenses
☐ For the non-reimbursed medical expenses of non-disabled or non-elderly families
☐ Other (describe below)

e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)

- ☐ Yes for all developments
- ☐ Yes but only for some developments
- ☒ No

2. For which kinds of developments are ceiling rents in place? (select all that apply)

- ☐ For all developments
- ☐ For all general occupancy developments (not elderly or disabled or elderly only)
- ☐ For specified general occupancy developments
- ☐ For certain parts of developments; e.g., the high-rise portion
- ☐ For certain size units; e.g., larger bedroom sizes
- ☐ Other (list below)

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)

- ☐ Market comparability study
- ☐ Fair market rents (FMR)
- ☐ 95th percentile rents
- ☐ 75 percent of operating costs
- ☐ 100 percent of operating costs for general occupancy (family) developments
- ☐ Operating costs plus debt service
- ☐ The "rental value" of the unit
- ☐ Other (list below)

f. Rent re-determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)

- ☐ Never

- ☐ At family option
☐ Any time the family experiences an income increase
☐ Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)_____
☒ Other (list below) At anytime the family experiences an income or family composition change

g. ☐ Yes ☒ No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

(2) Flat Rents

1. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)
- ☒ The section 8 rent reasonableness study of comparable housing
☐ Survey of rents listed in local newspaper
☒ Survey of similar unassisted units in the neighborhood
☐ Other (list/describe below)

B. Section 8 Tenant-Based Assistance

Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub-component 4B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

(1) Payment Standards

Describe the voucher payment standards and policies.

- a. What is the PHA's payment standard? (select the category that best describes your standard)
- ☐ At or above 90% but below 100% of FMR
☒ 100% of FMR
☐ Above 100% but at or below 110% of FMR
☐ Above 110% of FMR (if HUD approved; describe circumstances below)

b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)

- ☐ FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area
- ☐ The PHA has chosen to serve additional families by lowering the payment standard
- ☐ Reflects market or submarket
- ☐ Other (list below)

c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)

- ☐ FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
- ☐ Reflects market or submarket
- ☐ To increase housing options for families
- ☐ Other (list below)

d. How often are payment standards reevaluated for adequacy? (select one)

- ☒ Annually
- ☐ Other (list below)

e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)

- ☒ Success rates of assisted families
- ☒ Rent burdens of assisted families
- ☐ Other (list below)

(2) Minimum Rent

a. What amount best reflects the PHA's minimum rent? (select one)

- ☐ \$0
- ☐ \$1-\$25
- ☒ \$26-\$50

b. ☐ Yes ☒ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

5. Operations and Management

[24 CFR Part 903.7 9 (e)]

Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)

A. PHA Management Structure

Describe the PHA's management structure and organization.

(select one)

- ☒ An organization chart showing the PHA's management structure and organization is attached.
- ☐ A brief description of the management structure and organization of the PHA follows:

B. HUD Programs Under PHA Management

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use "NA" to indicate that the PHA does not operate any of the programs listed below.)

| Program Name | Units or Families Served at Year Beginning | Expected Turnover |
|--|---|--------------------------|
| Public Housing | 854 | 19/month |
| Section 8 Vouchers | 240 | 41/year |
| Section 8 Certificates | N/A | 0 |
| Section 8 Mod Rehab | N/A | |
| Special Purpose Section 8 Certificates/Vouchers (list individually) | N/A | |
| Public Housing Drug Elimination Program (PHDEP) | 854 | |
| ROSS | 151 | |
| FIC | 573 | |
| Other Federal Programs(list individually) | | |
| Comprehensive Grant | 854 | |
| Family Self-Sufficiency | 0 | |

C. Management and Maintenance Policies

List the PHA's public housing management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

- (1) Public Housing Maintenance and Management: (list below)
Admissions and Continued Occupancy Policies
Maintenance Policy/Maintenance Plan
Financial Policies and Procedure
Procurement Policy/Procurement Procedure
Administrative Order #'s 1,2,6,12,14,18,22,26,28,30,36,and 41
- (2) Section 8 Management: (list below)
Section 8 Administrative Plan

6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

Exemptions from component 6: High performing PHAs are not required to complete component 6. Section 8-Only PHAs are exempt from sub-component 6A.

A. Public Housing

1. ☐ Yes ☒ No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)

- ☒ PHA main administrative office
☐ PHA development management offices
☒ Other (list below)

B. Section 8 Tenant-Based Assistance

1. ☐ Yes ☒ No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982?

If yes, list additions to federal requirements below:

2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)
- ☒ PHA main administrative office
 - ☒ Other (list below) Section 8 office (for Section 8)

7. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions from Component 7: Section 8 only PHAs are not required to complete this component and may skip to Component 8.

A. Capital Fund Activities

Exemptions from sub-component 7A: PHAs that will not participate in the Capital Fund Program may skip to component 7B. All other PHAs must complete 7A as instructed.

(1) Capital Fund Program Annual Statement

Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long-term physical and social viability of its public housing developments. This statement can be completed by using the CFP Annual Statement tables provided in the table library at the end of the PHA Plan template **OR**, at the PHA's option, by completing and attaching a properly updated HUD-52837.

Select one:

☒ The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at **Attachment B**

-or-

☐ The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here)

(2) Optional 5-Year Action Plan

Agencies are encouraged to include a 5-Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan template **OR** by completing and attaching a properly updated HUD-52834.

a. ☒ Yes ☐ No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)

b. If yes to question a, select one:

☒ The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at **Attachment B**

-or-

☐ The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here)

B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)

Applicability of sub-component 7B: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

☐ Yes ☒ No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for

each grant, copying and completing as many times as necessary)

b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name:

2. Development (project) number:

3. Status of grant: (select the statement that best describes the current status)

- ☐ Revitalization Plan under development
- ☐ Revitalization Plan submitted, pending approval
- ☐ Revitalization Plan approved
- ☐ Activities pursuant to an approved Revitalization Plan underway

☐ Yes ☒ No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?
If yes, list development name/s below:

☐ Yes ☒ No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?
If yes, list developments or activities below:

☐ Yes ☒ No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?
If yes, list developments or activities below:

8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability of component 8: Section 8 only PHAs are not required to complete this section.

1. ☒ Yes ☐ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of

1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If “No”, skip to component 9; if “yes”, complete one activity description for each development.)

2. Activity Description

☐ Yes ☒ No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 9. If “No”, complete the Activity Description table below.)

| Demolition/Disposition Activity Description |
|--|
| 1a. Development name: Lemoyne Gardens & Demby Terrace 1b. Development (project) number: MI27-1, MI27-2, & MI27-3 |
| 2. Activity type: Demolition <input checked="" type="checkbox"/> Disposition <input type="checkbox"/> |
| 3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input checked="" type="checkbox"/> Planned application <input type="checkbox"/> |
| 4. Date application approved, submitted, or planned for submission: <u>10/15/01</u> |
| 5. Number of units affected: 33 6. Coverage of action (select one) <input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development |
| 7. Timeline for activity: a. Actual or projected start date of activity: 3/01/02 b. Projected end date of activity: 12/31/02 |

9. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities

1. ☒ Yes ☐ No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If “No”, skip to component 10. If “yes”, complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

2. Activity Description

- ☐ Yes ☒ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 10. If “No”, complete the Activity Description table below.

| Designation of Public Housing Activity Description |
|---|
| 1a. Development name: Twin Towers 1b. Development (project) number: MI 27-4 |
| 2. Designation type: Occupancy by only the elderly <input checked="" type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/> |
| 3. Application status (select one) Approved; included in the PHA's Designation Plan <input type="checkbox"/> Submitted, pending approval <input checked="" type="checkbox"/> Planned application <input type="checkbox"/> |
| 4. Date this designation approved, submitted, or planned for submission: <u>10/15/01</u> |
| 5. If approved, will this designation constitute a (select one) <input checked="" type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan? |
| 6. Number of units affected: 200 7. Coverage of action (select one) <input type="checkbox"/> Part of the development |

☒ Total development

10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.

A. Assessments of Reasonable Revitalization Pursuant to section 202 of the HUD FY 1996 HUD Appropriations Act

1. ☐ Yes ☒ No: Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If "No", skip to component 11; if "yes", complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)

2. Activity Description

- ☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If "yes", skip to component 11. If "No", complete the Activity Description table below.

| Conversion of Public Housing Activity Description |
|--|
| 1a. Development name: 1b. Development (project) number: |
| 2. What is the status of the required assessment? <input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below) |
| 3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.) |
| 4. Status of Conversion Plan (select the statement that best describes the current status) |

| |
|--|
| <input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD-approved Conversion Plan underway |
| 5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one) <input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved: _____) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: _____) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved: _____) <input type="checkbox"/> Requirements no longer applicable: vacancy rates are less than 10 percent <input type="checkbox"/> Requirements no longer applicable: site now has less than 300 units <input type="checkbox"/> Other: (describe below) |

B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937

C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of 1937

11. Homeownership Programs Administered by the PHA

[24 CFR Part 903.7 9 (k)]

A. Public Housing

Exemptions from Component 11A: Section 8 only PHAs are not required to complete 11A.

1. ☐ Yes ☒ No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If "No", skip to component 11B; if "yes", complete one activity description)

for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

2. Activity Description

- ☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 12. If “No”, complete the Activity Description table below.)

| Public Housing Homeownership Activity Description (Complete one for each development affected) |
|--|
| 1a. Development name: 1b. Development (project) number: |
| 2. Federal Program authority: <input type="checkbox"/> HOPE I <input type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99) |
| 3. Application status: (select one) <input type="checkbox"/> Approved; included in the PHA’s Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application |
| 4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (DD/MM/YYYY) |
| 5. Number of units affected: 6. Coverage of action: (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development |

B. Section 8 Tenant Based Assistance

1. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to component 12; if “yes”, describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined

submission due to high performer status. **High performing PHAs** may skip to component 12.)

2. Program Description:

a. Size of Program

☐ Yes ☐ No: Will the PHA limit the number of families participating in the section 8 homeownership option?

If the answer to the question above was yes, which statement best describes the number of participants? (select one)

- ☐ 25 or fewer participants
☐ 26 - 50 participants
☐ 51 to 100 participants
☐ more than 100 participants

b. PHA-established eligibility criteria

☐ Yes ☐ No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?

If yes, list criteria below:

12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (l)]

Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8-Only PHAs are not required to complete sub-component C.

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

☐ Yes ☒ No: Has the PHA entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed?

DD/MM/YY

2. Other coordination efforts between the PHA and TANF agency (select all that apply)

- ☒ Client referrals
- ☒ Information sharing regarding mutual clients (for rent determinations and otherwise)
- ☒ Coordinate the provision of specific social and self-sufficiency services and programs to eligible families
- ☐ Jointly administer programs
- ☐ Partner to administer a HUD Welfare-to-Work voucher program
- ☐ Joint administration of other demonstration program
- ☐ Other (describe)

B. Services and programs offered to residents and participants

(1) General

a. Self-Sufficiency Policies

Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of assisted families in the following areas? (select all that apply)

- ☒ Public housing rent determination policies
- ☒ Public housing admissions policies
- ☒ Section 8 admissions policies
- ☐ Preference in admission to section 8 for certain public housing families
- ☒ Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA
- ☐ Preference/eligibility for public housing homeownership option participation
- ☐ Preference/eligibility for section 8 homeownership option participation
- ☐ Other policies (list below)

b. Economic and Social self-sufficiency programs

- ☐ Yes ☒ No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If "yes", complete the following

table; if “no” skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use.) **Programs being developed.**

| Services and Programs | | | | |
|--|----------------|--|---|---|
| Program Name & Description (including location, if appropriate) | Estimated Size | Allocation Method (waiting list/random selection/specific criteria/other) | Access (development office / PHA main office / other: provider name) | Eligibility (public housing or Section 8 participants or both) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

(2) Family Self Sufficiency program/s

a. Participation Description

| Family Self Sufficiency (FSS) Participation | | |
|---|---|--|
| Program | Required Number of Participants (start of FY 000 Estimate) | Actual Number of Participants (As of: DD/MM/YY) |
| Public Housing | N/A | N/A |
| Section 8 | 25 | 0 |

- b. ☒ Yes ☐ No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plans to take to achieve at least the minimum program size?
If no, list steps the PHA will take below:

C. Welfare Benefit Reductions

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)

- ☒ Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
- ☒ Informing residents of new policy on admission and reexamination
- ☒ Actively notifying residents of new policy at times in addition to admission and reexamination.
- ☒ Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
- ☐ Establishing a protocol for exchange of information with all appropriate TANF agencies
- ☐ Other: (list below)

| |
|--|
| D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937 |
|--|

13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.7 9 (m)]

Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High Performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub-component D.

A. Need for measures to ensure the safety of public housing residents

1. Describe the need for measures to ensure the safety of public housing residents (select all that apply)

- ☒ High incidence of violent and/or drug-related crime in some or all of the PHA's developments
- ☐ High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
- ☒ Residents fearful for their safety and/or the safety of their children
- ☐ Observed lower-level crime, vandalism and/or graffiti
- ☒ People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
- ☐ Other (describe below)

2. What information or data did the PHA used to determine the need for PHA actions to improve safety of residents (select all that apply).

- ☐ Safety and security survey of residents
- ☐ Analysis of crime statistics over time for crimes committed "in and around" public housing authority
- ☐ Analysis of cost trends over time for repair of vandalism and removal of graffiti
- ☒ Resident reports
- ☒ PHA employee reports
- ☒ Police reports
- ☐ Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
- ☐ Other (describe below)

2. Which developments are most affected? (list below)

Lemoyne Gardens, Canterbury West, Demby Terraces, Parkside Estate, Twin Towers

B. Crime and Drug Prevention activities the PHA has undertaken or plans to undertake in the next PHA fiscal year

1. List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply)

- ☒ Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities
- ☒ Crime Prevention Through Environmental Design
- ☐ Activities targeted to at-risk youth, adults, or seniors
- ☒ Volunteer Resident Patrol/Block Watchers Program
- ☒ Other (describe below)

Police Services over and above baseline.

3. Which developments are most affected? (list below)

Lemoyne Gardens, Canterbury West, Demby Terraces, Parkside Estate, Twin Towers

C. Coordination between PHA and the police

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

- ☒ Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
- ☒ Police provide crime data to housing authority staff for analysis and action
- ☒ Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
- ☒ Police regularly testify in and otherwise support eviction cases
- ☒ Police regularly meet with the PHA management and residents
- ☒ Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
- ☐ Other activities (list below)

3. Which developments are most affected? (list below)

Lemoyne Gardens, Canterbury West, Demby Terraces, Parkside Estate, Twin Towers

D. Additional information as required by PHDEP/PHDEP Plan

PHAs eligible for FY 2000 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- ☒ Yes ☐ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- ☒ Yes ☐ No: Has the PHA included the PHDEP Plan for FY 2000 in this PHA Plan?
- ☒ Yes ☐ No: This PHDEP Plan is an Attachment. (Attachment Filename: **mi027d03**)

14. RESERVED FOR PET POLICY

[24 CFR Part 903.7 9 (n)]

See Attachment Filename **mi027e03**

15. Civil Rights Certifications

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations.

16. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

1. ☒ Yes ☐ No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?
(If no, skip to component 17.)
2. ☒ Yes ☐ No: Was the most recent fiscal audit submitted to HUD?
3. ☐ Yes ☒ No: Were there any findings as the result of that audit?
4. ☐ Yes ☒ No: If there were any findings, do any remain unresolved?
If yes, how many unresolved findings remain? _____
5. ☐ Yes ☐ No: Have responses to any unresolved findings been submitted to HUD?
If not, when are they due (state below)?

17. PHA Asset Management

[24 CFR Part 903.7 9 (q)]

Exemptions from component 17: Section 8 Only PHAs are not required to complete this component. High performing and small PHAs are not required to complete this component.

1. ☐ Yes ☒ No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock , including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?
2. What types of asset management activities will the PHA undertake? (select all that apply)
 - ☐ Not applicable
 - ☐ Private management
 - ☐ Development-based accounting
 - ☐ Comprehensive stock assessment
 - ☐ Other: (list below)

3. ☐ Yes ☐ No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

18. Other Information

[24 CFR Part 903.7 9 (r)]

1. ☒ Yes ☐ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)
- ☐ Attached at Attachment (File name)
- ☒ Provided below:

A. Resident Advisory Board Recommendations

No Recommendations were given by Advisory Board concerning the Agency Plan for
Fiscal Year 2001.

Advisory Board Meeting Information

The Advisory Board asked the following questions:

1. How are scheduled units for demolition being determined, was consideration given to the total number of families living in public housing?

Ans. Units that were damaged beyond repair due to fires, units that are not Marketable for many years (zero-bedroom) .

2. How will families be determined for assigning handicapped accessible units?

Ans. Families that have medical documentation.

3. How many units will be renovated to meet Section 504 requirements in Public Housing?

Ans. A total of twenty two additional units for a total of forty-three.

Advisory Board Statement: The facts that you hear at this meeting are better than

what you hear from other people in the City.

3. In what manner did the PHA address those comments? (select all that apply)

☐ Considered comments, but determined that no changes to the PHA Plan were necessary.

☐ The PHA changed portions of the PHA Plan in response to comments
List changes below:

☐ Other: (list below)

B. Description of Election process for Residents on the PHA Board

1. ☐ Yes ☒ No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)

2. ☐ Yes ☒ No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

3. Description of Resident Election Process

a. Nomination of candidates for place on the ballot: (select all that apply)

- ☐ Candidates were nominated by resident and assisted family organizations
☐ Candidates could be nominated by any adult recipient of PHA assistance
☐ Self-nomination: Candidates registered with the PHA and requested a place on ballot
☐ Other: (describe)

b. Eligible candidates: (select one)

- ☐ Any recipient of PHA assistance
☐ Any head of household receiving PHA assistance
☐ Any adult recipient of PHA assistance
☐ Any adult member of a resident or assisted family organization
☐ Other (list)

c. Eligible voters: (select all that apply)

- ☐ All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)
☐ Representatives of all PHA resident and assisted family organizations

☐ Other (list)

C. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here) **State of Michigan FFY 2000**

Wayne County, Michigan FFY 2001-Present.

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☐ Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)

☒ Other: (list below)

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

The City of Inkster's Community Development Department joined the Wayne County Government Consolidated Plan Strategy after the Annual Action Plan for 2001-2002 was developed for local Communities in Wayne County.

D. Other Information Required by HUD

19. Definition of “Substantial Deviation” and “Significant Amendment or Modification”

The Inkster Housing Commission has defined “Substantial Deviation” and “Significant Amendment or Modification” as they relate to the Agency Plan as follows:

“Substantial Deviation(s)” from the 5-year Action Plan shall be explained in the Annual Plan for the period in which they occur and shall include

- any change to rent or admissions policies or organization of the waiting list;
- additions of non-emergency work items (items not included in the current Annual Statement or 5-year Action Plan) or change in use of replacement reserve funds under the Capital Fund;
- additions of new activities not included in the current PHDEP Plan;
- and any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

“Significant Amendment or Modification” of the Annual Plan means

- any change to rent or admissions policies or organization of the waiting list;
- additions of non-emergency work items (items not included in the current Annual Statement or 5-year Action Plan) or change in use of replacement reserve funds under the Capital Fund;
- additions of new activities not included in the current PHDEP Plan; and any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

Use this section to provide any additional information requested by HUD.

Attachments

Use this section to provide any additional attachments referenced in the Plans.

Attachment A

The following Community Services and Economic Self-sufficiency Requirement is an excerpt from the Admissions and Continued Occupancy Policy (ACOP)

Community Services and Economic Self-sufficiency Requirement

The 1998 Act adds a new requirement for non exempt residents of public housing. Each nonexempt adult (eighteen years of age or older) resident must contribute eight (8) hours for each month of community service or participate in a self-sufficiency program for 8 hours in each month. Community service is service for which the individual volunteers. Self-Sufficiency Participation in self-sufficiency activities can satisfy part or all of a resident's requirement to perform community service. A non exempt adult public housing resident may participate in an economic self-sufficiency program for 8 hours in each month. The 1998 Act defines economic self-sufficiency program to include activities that are designed to encourage, assist, train or facilitate economic independence. It is the policy of the Housing Authority (HA) to promote this requirement.

A. Approved community services and economic self-sufficiency activities.

Each year, the IHC shall, with the assistance of the resident organization (s), look at a broad range of self-sufficiency and community service activities. A list of acceptable self-sufficiency and community service activities shall be posted at the IHC office.

B. Exemptions to the requirement for community services and economic self-sufficiency.

These include adults who are 62 years of age or older, persons with disabilities, persons engaged in work activities (as defined by section 407(d) of the Social Security Act), and persons participating in a welfare to work program, or receiving assistance from and in compliance with a State program funded under part A, title IV of the Social Security Act. (For purposes of the community service requirement, an adult is a person 18 years or older.)

Persons eligible for a disability deduction are not necessarily automatically exempt from the community service, economic self-sufficiency requirement. The 1998 Act defines "disability" very narrowly for the purpose of the community service requirement. Further, the Act states that a person is exempt only to the extent the disability makes the person "unable to comply" with the community service requirement. The IHC shall ensure that the community service and self-sufficiency programs are accessible to persons with disabilities.

Families who pay flat rent, live in public housing units within market rate developments, or families who are over income when they initially occupy a public housing unit are not automatically exempt.

C. Determining and documenting residents' exemptions

The IHC shall verify an adult's exemption status upon admissions and annually. An individual exempt by being over 62 years in age would need verification. The IHC shall document all exemptions for the resident's file. The IHC shall follow the same standards of documentation for exemptions as it does for other verifications.

D. Changing exemption status.

A resident is permitted to change exemption status during the year if his/her situation changes. Unemployed residents, for example, shall be able to request a determination of exemption if they find work or start a training program. Persons eligible for a disability deduction are not necessarily automatically exempt from the community service, economic self-sufficiency requirement.

E. Community Services Lease Requirements.

Under the 1998 Act, public housing leases must have 12 month terms. The lease must be automatically renewable except for noncompliance with the community service requirements. The public housing lease also must provide for termination and eviction for noncompliance with the community service requirements. The IHC shall implement this provision for each family at the family's next regularly scheduled annual reexamination on or after October 1, 1999, and for families admitted after October 1, 1999. The IHC may not renew or extend the lease if a household contains a nonexempt adult who has failed to comply with the community service requirement.

F. Documentation

Documentation must be provided to verify the community service requirements. The documentation shall be placed in the resident's file at the time of reexamination.

G. Noncompliance

The IHC shall determine, on an annual basis, if non-exempt residents are in compliance. The IHC shall permit noncompliant families to cure the noncompliance by requiring the noncompliant adult and the head of household to sign an agreement to make up the hours needed within the next 12 month period. Continued noncompliance will result in eviction of the entire family, unless the noncompliant family member is no longer a part of the household.

Use this section to provide any additional information requested by HUD.

Attachment D

Step 3 - Deconcentration of Poverty and Income-Mixing in Public Housing Section 513 of the QHWR

The IHC adopts these admission policies to achieve both the goals of reducing poverty and income mixing in public housing. The policy includes include slapping over certain applicants on the waiting list based on incomes. Skipping is applied only when it is necessary to serve the required percentage of the neediest families (extremely low income). Income skipping shall be uniformly applied.

The housing authority shall deconcentrate poverty in each of its housing developments by bringing higher income tenants into lower income public housing projects and bringing lower income tenants into higher income public housing projects. The housing authority shall make every effort to maintain the following income mix for each development:

- 40 percent of families with incomes below 30 percent of median ("very poor families") in a fiscal year.
- 60 percent of other admissions shall comply with eligibility limits under the current regulations (24 CF. 982.201(b)) and law.

Maintaining deconcentration

Maintaining the 40% target of families whose income are at or below 30 percent of median ("very poor families") of HUD's current income limits.

The Quality Housing and Work Responsibility Act of 1998 (Pub. L. 105-276, 112 Stat. 2461, approved October 21, 1998) (QHWR) allows a housing authority to offer incentives to eligible families that would help accomplish the deconcentration and income-mixing objectives. In addition, slopping of a family on a waiting list specifically to reach another family with a lower or higher income is permissible, provided that such skipping is uniformly applied.

Therefore, when a development's percentage of families meeting the 30 percent of median ("very poor families") of HUD's current income limits falls below 40% of the total units, the housing authority shall select the next eligible family from the wait list whose income is less than 30 percent of median ("very poor families") of HUD's current income limits and who meets all other admissions requirements. The housing authority shall continue selecting families in this manner until the 40% target is met.

Likewise, should a development's percentage of families meeting the 30\ percent of median ("very poor families") of HUD's current income limits exceed 40% of the total units, the housing authority shall select the next eligible family from the wait list whose income is more than 30 percent of median ("very poor families") of HUD's current income limits. The housing authority shall continue selecting families in this manner until the 60%/o target

is met.

.

**PHA Plan
Table Library
ATTACHMENT C**

**Component 7
Capital Fund Program Annual Statement
Parts I, II, and II**

Annual Statement

Capital Fund Program (CFP) Part I: Summary

Capital Fund Grant Number FFY of Grant Approval: (01/2001)

☐ Original Annual Statement

| Line No. | Summary by Development Account | Total Estimated Cost |
|----------|---|----------------------|
| 1 | Total Non-CGP Funds | |
| 2 | 1406 Operations | 185,003 |
| 3 | 1408 Management Improvements | 38,525 |
| 4 | 1410 Administration | 63,500 |
| 5 | 1411 Audit | |
| 6 | 1415 Liquidated Damages | 100,000 |
| 7 | 1430 Fees and Costs | |
| 8 | 1440 Site Acquisition | |
| 9 | 1450 Site Improvement | 683,000 |
| 10 | 1460 Dwelling Structures | 595,571 |
| 11 | 1465.1 Dwelling Equipment-Nonexpendable | 100,000 |
| 12 | 1470 Nondwelling Structures | |
| 13 | 1475 Nondwelling Equipment | |
| 14 | 1485 Demolition | |
| 15 | 1490 Replacement Reserve | |
| 16 | 1492 Moving to Work Demonstration | |
| 17 | 1495.1 Relocation Costs | 18,000 |
| 18 | 1498 Mod Used for Development | |
| 19 | 1502 Contingency | 103,974 |
| 20 | Amount of Annual Grant (Sum of lines 2-19) | 1,887,573 |
| 21 | Amount of line 20 Related to LBP Activities | |
| 22 | Amount of line 20 Related to Section 504 Compliance | |

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| | | |
|----|---|--|
| 23 | Amount of line 20 Related to Security | |
| 24 | Amount of line 20 Related to Energy Conservation Measures | |

Annual Statement

Capital Fund Program (CFP) Part II: Supporting Table 2001

| Development Number/Name HA-Wide Activities | General Description of Major Work Categories | Development Account Number | Total Estimated Cost |
|--|---|----------------------------------|----------------------------|
| MI 27-1 | Upgrade security lighting | 1450 | 150,000 |
| MI 27-1 | Extensive tree trimming/removal | 1450 | 50,000 |
| MI 27-1 | Vacant Units Rehab (14) | 1460 | 70,000 |
| MI 27-2 | Upgrade security lighting | 1450 | 113,000 |
| MI 27-2 | Extensive tree trimming/removal | 1450 | 50,000 |
| MI 27-2 | Vacant Units Rehab (10) | 1460 | 50,000 |
| MI 27-2 | Accumulation comprehensive roof | 1460 | 43,022 |
| MI 27-3 | repair | 1450 | 50,000 |
| MI 27-3 | Upgrade security lighting | 1450 | 75,000 |
| MI 27-3 | Extensive tree trimming/removal | 1460 | 195,000 |
| MI 27-3 | Vacant Units Rehab (19) | 1465.1 | 100,000 |
| MI 27-4 | New appliances | 1450 | 75,000 |
| MI 27-4 | Resurface parking lot | 1460 | 194,550 |
| MI 27-4 | Accumulation comprehensive | 1460 | 38,000 |
| MI 27-4 | renovation | 1495.1 | 18,000 |
| MI 27-5 | Vacant Units Rehab (19) | 1450 | 30,000 |
| MI 27-5 | Relocation non-elderly | 1460 | 5,000 |
| MI 27-6 | Upgrade security lighting | 1450 | 50,000 |
| PHA WIDE | Vacant Unit Rehab (1) | 1406 | 185,003 |
| PHA WIDE | Extensive tree trimming/removal | 1408 | 38,525 |
| | Operation: 10% | 1410 | 63,500 |
| PHA WIDE | Management Improvement: Computer training. | | |
| | Administration portion of salaries to administrate and monitor the program: | | |
| | Executive Director | | |
| | Director of Finance | | |
| | Director of Facilities | | |

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| | | | |
|----------|--|------|-------------|
| PHA WIDE | Director of Modernization | | |
| | Estate Manager | | |
| | Fringe Benefits | 1430 | 100,000 |
| | Fees and Costs | | |
| | Architect Development Plan & Specifications: Supervision of bidding process and draw approval. Environmental Review (City of Inkster) | | |
| | | | \$1,743,600 |

Table Library

Annual Statement
Capital Fund Program (CFP) Part III: Implementation Schedule

| Development Number/Name HA-Wide Activities | All Funds Obligated (Quarter Ending Date) | All Funds Expended (Quarter Ending Date) |
|--|--|---|
| MI 27-1 | 01/01/02 | 06/30/02 |
| Upgrade security | | |
| lighting. | 01/01/02 | 06/30/02 |
| Tree trimming/ removal. | 07/01/02 | 12/31/02 |
| Vacant Units Rehab | | |
| MI 27-2 | 01/01/02 | 06/30/02 |
| Upgrade security | | |
| lighting. | 01/01/02 | 06/30/02 |
| Tree trimming/ removal. | 07/01/02 | 12/31/02 |
| Vacant Units Rehab | 01/01/02 | 06/30/03 |
| Accumulation of funds (roof) | | |
| MI 27-3 | 01/01/02 | 06/30/02 |
| Upgrade security | | |
| lighting. | 01/01/02 | 06/30/02 |
| Tree trimming/ removal | | |
| Vacant Units Rehab | 07/01/02 | 12/31/02 |
| New appliances | 01/01/02 | 06/30/02 |
| MI 27-4 | | |
| Accumulation | 01/01/02 | 12/31/02 |
| toward | | |
| comprehensive | | |
| renovation of Twin | | |
| Tower | | |
| Development. | | |
| Resurface parking | 01/01/02 | 06/30/02 |
| lot. | | |

Table Library

| | | |
|-----------------------------------|----------|----------|
| Vacant Units Rehab | 07/01/02 | 12/31/02 |
| Relocation | 01/01/02 | 06/30/02 |
| Expenses for non-elderly tenants. | | |
| MI 27-5 | | |
| Upgrade security lighting. | 01/01/02 | 06/30/02 |
| Vacant Units Rehab | 07/01/02 | 12/31/02 |
| MI 27-6 | | |
| Tree trimming/Removal | 01/01/02 | 06/30/02 |
| PHA WIDE | | |
| Administration | 01/01/02 | 12/31/02 |
| Fees and Costs | 01/01/02 | 12/31/02 |
| Operation | 01/01/02 | 12/31/02 |
| Management | 01/01/02 | 12/31/02 |
| Improvements | | |
| Development | 01/01/02 | 06/30/02 |
| Signage | | |
| Contingency | 01/01/02 | 12/31/02 |

Table Library

Table Library

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

| Optional 5-Year Action Plan Tables | | | |
|--|---|---------------------|-------------------------------------|
| Development Number | Development Name (or indicate PHA wide) | Number Vacant Units | % Vacancies in Development |
| MI 27-1 | Lemoyne Gardens | 52 | 26.5% |
| Description of Needed Physical Improvements or Management Improvements | | Estimated Cost | Planned Start Date (HA Fiscal Year) |
| Upgrade security lighting | | 150,000 | 2001 |
| Extensive tree trimming/removal | | 50,000 | 2001 |
| Install new electrical panels | | 75,000 | 2003 |
| Install floor tiles | | 250,000 | 2003 |
| Install interior doors | | 190,000 | 2003 |
| Renovate units/mobility accessible | | 18,000 | 2005 |
| Total estimated cost over next 5 years | | \$733,000 | |

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

| Optional 5-Year Action Plan Tables | | | | |
|--|---|---------------------|----------------------------|-------------------------------------|
| Development Number | Development Name (or indicate PHA wide) | Number Vacant Units | % Vacancies in Development | |
| MI 27-2 | Lemoyne Gardens | 20 | 20% | |
| Description of Needed Physical Improvements or Management Improvements | | | Estimated Cost | Planned Start Date (HA Fiscal Year) |
| Install new electrical panels | | | 50,000 | 2003 |
| Install floor tiles | | | 125,000 | 2003 |
| Renovate units/mobility accessible | | | 8,000 | 2003 |
| Accumulate comprehensive roof repair | | | 250,000 | 2003 |
| Exterior painting/rotten wood | | | 198,160 | 2005 |
| Total estimated cost over next 5 years | | | \$131,160 | |

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

| Optional 5-Year Action Plan Tables | | | |
|--|---|---------------------|-------------------------------------|
| Development Number | Development Name (or indicate PHA wide) | Number Vacant Units | % Vacancies in Development |
| MI 27-3 | Demby Terraces | 48 | 24% |
| Description of Needed Physical Improvements or Management Improvements | | Estimated Cost | Planned Start Date (HA Fiscal Year) |
| Renovate units/mobility accessible | | 16,000 | 2002 |
| Repair/Replace sidewalks | | 129,047 | 2003 |
| Install floor tiles | | 190,000 | 2005 |
| Replace interior doors | | 249,000 | 2005 |
| Storm doors | | 63,050 | 2005 |
| Total estimated cost over next 5 years | | \$647,097 | |

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

| Optional 5-Year Action Plan Tables | | | | |
|--|---|---------------------|----------------------------|-------------------------------------|
| Development Number | Development Name (or indicate PHA wide) | Number Vacant Units | % Vacancies in Development | |
| MI 27-4 | Twin Towers | 105 | 50% | |
| Description of Needed Physical Improvements or Management Improvements | | | Estimated Cost | Planned Start Date (HA Fiscal Year) |
| Renovate (North) Towers | | | 1,800,028 | 2002 |
| New appliances | | | 45,000 | 2002 |
| Renovate (South) Tower | | | 1,465,926 | 2004 |
| New appliances | | | 45,000 | 2004 |
| Paint interior common areas | | | 25,000 | 2005 |
| Collateralization/Debt services | | | 243,757 | 2003 |
| Collateralization/Debt services | | | 483,605 | 2005 |

Table Library

| | | |
|---|--------------------|--|
| | | |
| Total estimated cost over next 5 years | \$4,108,316 | |

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

| Optional 5-Year Action Plan Tables | | | | |
|--|---|---------------------|----------------------------|-------------------------------------|
| Development Number | Development Name (or indicate PHA wide) | Number Vacant Units | % Vacancies in Development | |
| MI 27-5 | Canterbury Woods | 3 | 12.5% | |
| Description of Needed Physical Improvements or Management Improvements | | | Estimated Cost | Planned Start Date (HA Fiscal Year) |
| Upgrade security lighting | | | 30,000 | 2001 |
| Renovate Vacant Units | | | 5,000 | 2001 |
| Painting interior | | | 50,000 | 2005 |
| | | | | |
| | | | | |
| | | | | |
| Total estimated cost over next 5 years | | | \$85,000 | |

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

| Optional 5-Year Action Plan Tables | | | | |
|--|---|---------------------|----------------------------|-------------------------------------|
| Development Number | Development Name (or indicate PHA wide) | Number Vacant Units | % Vacancies in Development | |
| MI 27-6 | Parkside Estates | 9 | 6.3% | |
| Description of Needed Physical Improvements or Management Improvements | | | Estimated Cost | Planned Start Date (HA Fiscal Year) |
| Extensive tree trimming/removal | | | 50,000 | 2001 |
| Interior painting | | | 153,475 | 2003 |
| Total estimated cost over next 5 years | | | \$203,475 | |

Optional Public Housing Asset Management Table

See Technical Guidance for instructions on the use of this table, including information to be provided.

| Public Housing Asset Management | | | | | | | | |
|---------------------------------|--------------------------|--|---|--|--|-----------------------------------|--|---|
| Development Identification | | Activity Description | | | | | | |
| Name, Number, and Location | Number and Type of units | Capital Fund Program Parts II and III <i>Component 7a</i> | Development Activities <i>Component 7b</i> | Demolition / disposition <i>Component 8</i> | Designated housing <i>Component 9</i> | Conversion <i>Component 10</i> | Home-ownership <i>Component 11a</i> | Other (describe) <i>Component 17</i> |
| | | | | | | | | |
| | | | | | | | | |
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Operating Budget

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

OMB Approval No. 2577-0026 (exp. 10/31/97)

| | | | | | | | | | |
|--|--|---|--|--|--|--|--|--|--|
| a. Type of Submission ____ Original <u> X </u> Revision No.: <u> ONE </u> | | b. Fiscal Year Ending DEC. 31, 2001 | | c. No. of months (check one) <u> X </u> 12 mo. ____ Other (specify) ____ | | d. Type of HUD assisted project(s) 01 <u> X </u> PHA/IHA Owned Rental Housing 02 ____ IHA Owned Mutual Help Homeownership 03 ____ PHA/IHA Leased Rental Housing 04 ____ PHA/IHA Owned Turnkey III Homeownership 05 ____ PHA/IHA Leased Homeownership | | | |
| e. Name of Public Housing Agency/Indian Housing Authority (PHA/IHA) INKSTER HOUSING COMMISSION | | | | | | | | | |
| f. Address (city, state, zip code) 4500 INKSTER RD., INKSTER, MI 48141 | | | | | | | | | |
| g. ACC Number C-3015 | | h. PAS/LOCCS Project No. MI 27/1-6 | | i. HUD Field Office DETROIT | | | | | |
| j. No. of D.Units 855 | | k. No. of Unit Mos. Avail. 10,260 | | m. No. of Projects 6 | | | | | |

| Line No. | Acct. No. | Description (1) | Actuals Last Fiscal Yr.:12/99 PRE-GAAP (2) | Estimates Current Budget 12/00, Rev. PUM (3) | Requested Budget Estimates | | | |
|---|--------------|---|--|--|----------------------------|--------------------------|-------------------|--------------------------|
| | | | | | PHA/IHA Estimates | | HUD Modifications | |
| | | | | | PUM (4) | (to nearest \$10) (5) | PUM (6) | (to nearest \$10) (7) |
| Homebuyers Monthly Payments for: | | | | | | | | |
| 010 | 7710 | Operating Expense | | | | | | |
| 020 | 7712 | Earned Home Payments | | | | | | |
| 030 | 7714 | Nonroutine Maintenance Reserve | | | | | | |
| 040 | Total | Break-Even Amount (sum of lines 010, 020 and 030) | | | | | | |
| 050 | 7716 | Excess (or deficit) in Break-Even | | | | | | |
| 060 | 7790 | Homebuyers Monthly Payments - Contra | | | | | | |
| Operating Receipts | | | | | | | | |
| 070 | 3110 | Dwelling Rental | 134.49 | 131.58 | 124.70 | 1,279,410 | | |
| 080 | 3120 | Excess Utilities | 1.05 | 0.71 | 4.62 | 47,360 | | |
| 089 | 3189 | Nondwelling Rental | 2.58 | 5.76 | 2.44 | 25,000 | | |
| 090 | 3190 | Nondwelling Rental Simmons Center | | | 4.87 | 50,000 | | |
| 100 | Total | Rental Income (sum of lines 070, 080 and 090) | 138.12 | 138.05 | 136.62 | 1,401,770 | | |
| 110 | 3610 | Interest on General Fund Investments | 2.49 | 1.79 | 1.56 | 16,000 | | |
| 120 | 3690 | Other Income | 5.88 | 6.11 | 5.59 | 57,320 | | |
| 130 | Total | Operating Income (sum of lines 100, 110 and 120) | 146.49 | 145.95 | 143.77 | 1,475,090 | | |
| Operating Expenditures - Administration: | | | | | | | | |
| 140 | 4110 | Administrative Salaries | 49.03 | 46.10 | 55.75 | 572,000 | | |
| 150 | 4130 | Legal Expense | | 2.14 | 3.63 | 37,230 | | |
| 160 | 4140 | Staff Training | | | | | | |
| 170 | 4150 | Travel | 1.62 | 0.97 | 1.64 | 16,850 | | |
| 180 | 4170 | Accounting Fees | 1.75 | 1.75 | 1.75 | 18,000 | | |
| 190 | 4171 | Auditing Fees | | 0.68 | 0.49 | 5,000 | | |
| 200 | 4190 | Other Administrative Expenses | 12.93 | 12.09 | 17.06 | 175,000 | | |
| 210 | Total | Administrative Expense (sum of line 140 thru line 200) | 65.33 | 63.74 | 80.32 | 824,080 | | |
| Tenant Services: | | | | | | | | |
| 220 | 4210 | Salaries | | 0.40 | | | | |
| 230 | 4220 | Recreation, Publications and Other Services | 0.25 | | | | | |
| 240 | 4230 | Contract Costs, Training, Other | | | 0.12 | 1,200 | | |
| 250 | Total | Tenant Services Expense (sum of lines 220, 230 and 240) | 0.25 | 0.40 | 0.12 | 1,200 | | |
| Utilities: | | | | | | | | |
| 260 | 4310 | Water | 47.88 | 45.61 | 50.68 | 520,000 | | |
| 270 | 4320 | Electricity | 26.01 | 23.05 | 22.42 | 230,000 | | |
| 280 | 4330 | Gas | 14.92 | 14.62 | 18.26 | 187,370 | | |
| 290 | 4340 | Fuel | | | | | | |
| 300 | 4350 | Labor | | | | | | |
| 310 | 4390 | Other utilities expense | | | | | | |
| 320 | Total | Utilities Expense (sum of line 260 thru line 310) | 88.81 | 83.28 | 91.36 | 937,370 | | |

| Name of PHA/IHA INKSTER HOUSING COMMISSION | | | | Fiscal Year Ending DEC. 31, 2001 | | | | |
|--|--------------|---|--|--|----------------------------|--------------------------|-------------------|--------------------------|
| Line No. | Acct. No. | Description (1) | Actuals Last Fiscal Yr.:12/99 PRE-GAAP (2) | Estimates Current Budget 12/00, Rev. PUM (3) | Requested Budget Estimates | | | |
| | | | | | PHA/IHA Estimates | | HUD Modifications | |
| | | | | | PUM (4) | (to nearest \$10) (5) | PUM (6) | (to nearest \$10) (7) |
| Ordinary Maintenance and Operation: | | | | | | | | |
| 330 | 4410 | Labor | 14.98 | 18.13 | 38.99 | 400,000 | | |
| 340 | 4420 | Materials | 4.35 | 6.24 | 12.61 | 129,420 | | |
| 350 | 4430 | Contract Costs | 122.81 | 151.35 | 70.33 | 721,610 | | |
| 360 | Total | Ordinary Maintenance & Operation Expenses (line 330 to 350) | 142.14 | 175.71 | 121.93 | 1,251,030 | | |
| Protect Services: | | | | | | | | |
| 370 | 4460 | Labor | | | | | | |
| 380 | 4470 | Materials | | | | | | |
| 390 | 4480 | Contract Costs | (0.44) | 0.00 | 0.00 | | | |
| 400 | Total | Protective Services Expense (sum of lines 370 to 390) | (0.44) | 0.00 | 0.00 | 0 | | |
| General Expense: | | | | | | | | |
| 410 | 4510 | Insurance | 17.61 | 18.86 | 21.44 | 220,000 | | |
| 420 | 4520 | Payments in Lieu of Taxes | 4.13 | 4.87 | 4.48 | 46,000 | | |
| 430 | 4530 | Terminal Leave Payments | 1.46 | | | | | |
| 440 | 4540 | Employee Benefit Contributions | 22.86 | 23.95 | 43.88 | 450,230 | | |
| 450 | 4570 | Collection Losses | 12.11 | 8.77 | 7.31 | 75,000 | | |
| 460 | 4590 | Simmons Center, FIC expenses | 1.23 | 8.10 | 1.46 | 15,000 | | |
| 470 | Total | General Expense (sum of lines 410 to 460) | 59.40 | 64.56 | 78.58 | 806,230 | | |
| 480 | Total | Routine Expense (sum of lines 210,250,320,360,400 & 470) | 355.49 | 387.70 | 372.31 | 3,819,910 | | |
| Rent for Leased Dwellings: | | | | | | | | |
| 490 | 4710 | Rents to Owners of Leased Dwellings | | | | | | |
| 500 | Total | Operating Expense (sum of lines 480 and 490) | 355.49 | 387.70 | 372.31 | 3,819,910 | | |
| Nonroutine Expenditures: | | | | | | | | |
| 510 | 4610 | Extraordinary Maintenance | 2.41 | 0.88 | 0.00 | | | |
| | 4620 | Casualty Losses | 3.17 | (13.93) | 1.43 | 14,650 | | |
| 520 | 7520 | Replacement of Nonexpendable Equipment | | | 0.00 | | | |
| 530 | 7540 | Property Betterments and Additions | | | 0.00 | | | |
| 540 | Total | Nonroutine Expenditures (sum of lines 510,520 and 530) | 5.58 | (13.06) | 1.43 | 14,650 | | |
| 550 | Total | Operating Expenditures (sum of lines 500 and 540) | 361.07 | 374.64 | 373.74 | 3,834,560 | | |
| Prior Year Adjustments: | | | | | | | | |
| 560 | 6010 | Prior Year Adjustments Affecting Residual Receipts | 2.10 | | | | | |
| Other Expenditures: | | | | | | | | |
| 570 | | Deficiency in Residual Receipts at End of Preceding Fiscal Yr. | | | | | | |
| 580 | Total | Operating Expenditures, including prior year adjustments and other expenditures (line 550 plus or minus line 570) | 363.17 | 374.64 | 373.74 | 3,834,560 | | |
| 590 | | Residual Receipts (or Deficit) before HUD Contributions and provision for operating reserve (line 130 minus line 580) | (203.64) | (228.69) | (229.97) | (2,359,470) | | |
| HUD Contributions: | | | | | | | | |
| 600 | 8010 | Basic Annual Contribution Earned - Leased Projects Current Year | | | | | | |
| 610 | 8011 | Prior Year Adjustments - (Debit) Credit | | | | | | |
| 620 | Total | Basic Annual Contribution (line 600 plus or minus line 610) | | | | | | |
| 630 | 8020 | Contributions Earned - Op.Sub.:Cur.Yr.(before yr.end adj) | 197.65 | 228.78 | 234.62 | 2,407,187 | | |
| 640 | | Mandatory PFS Adjustments (net): | | | | | | |
| 650 | | Other (specify): Other Income Incentive Adj. | | | | | | |
| 660 | | Other (specify): 2000 Capital Fund, line 1406 | 13.04 | 0.00 | 18.03 | 185,000 | | |
| 670 | | Total Year-end Adjustments/Other (plus or minus lines 640 thru 660) | | | | | | |
| 680 | 8020 | Total Operating Subsidy-current year (line 630 plus or minus line 670) | | | | | | |
| 690 | Total | HUD Contributions (sum of lines 620 and 680) | 210.69 | 228.78 | 252.65 | 2,592,187 | | |
| 700 | | Residual Receipts (or Deficit) (sum of line 590 plus line 690) Enter here and on line 810 | (6.00) | 0.09 | 22.68 | 232,717 | | |

| | |
|--|--|
| Name of PHA/IHA INKSTER HOUSING COMMISSION | Fiscal Year Ending DEC. 31, 2001 |
|--|--|

| | | Operating Reserve | PHA/IHA Estimates | HUD Modifications |
|-----|------|--|-------------------|-------------------|
| | | Part I - Maximum Operating Reserve - End of Current Budget Year | | |
| 740 | 2821 | PHA/IHA-Leased Housing - Section 23 or 10(c) 50% of Line 480, column 5, form HUD-52564 | 1,909,955 | |

| | | | | |
|-----|--|--|---------|--|
| | | Part II - Provision for and Estimated and Actual Operating Reserve at Fiscal Year End | | |
| 780 | | Operating Reserve at End of Previous Fiscal year - Actual for FYE (date): 12/31/99 | 122,898 | |
| 790 | | Provision for Operating Reserve - Current Budget Year (check one) ____ Estimated for FYE <input checked="" type="checkbox"/> Actual for FYE Dec-00 | 58,209 | |
| 800 | | Operating Reserve and end of Current Budget Year (check one) ____ Estimated for FYE <input checked="" type="checkbox"/> Actual for FYE 12/31/00 | 181,107 | |
| 810 | | Provision for Operation Reserve - Requested Budget Year Estimated for FYE Enter Amount from line 700 | 232,717 | |
| 820 | | Operating Reserve at End of Requested Budget Year Estimated for FYE (Sum of lines 800 and 810) | 413,824 | |
| 830 | | Cash Reserve Requirement - <u>15</u> % of line 480 | 572,987 | |

Comments:

PHA/IHA Approval

Name Tony L. Love

Title Executive Director

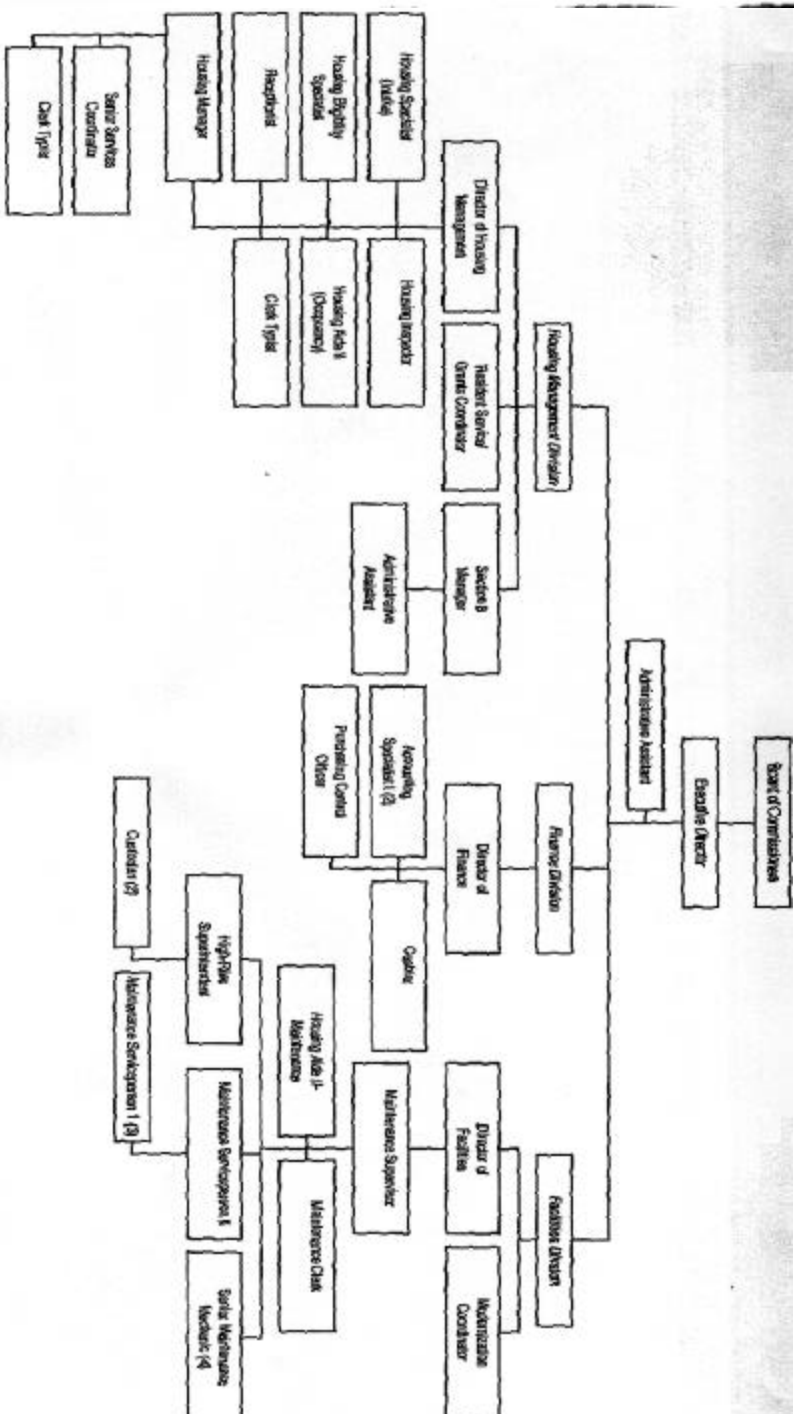
Signature _____ Date _____

Field Office Approval

Name _____

Title _____

Signature _____ Date _____



Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Annual PHDEP Plan Table of Contents:

1. General Information/History
2. PHDEP Plan Goals/Budget
3. Milestones
4. Certifications

Section 1: General Information/History

A. Amount of PHDEP Grant \$210,803

B. Eligibility type (Indicate with an "x") N1 _____ N2 _____ R X _____

C. FFY in which funding is requested 2001

D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

The PHDEP Grant provides (2) Police Officers and (1) clerical support person to protect and serve residents of Public Housing with above baseline services. To enhance the above baseline services, auxiliary police officers will support Police Officers on various assignments in Public Housing. Continuation of unarmed security services at Twin Towers Development.

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area.

| PHDEP Target Areas (Name of development(s) or site(s)) | Total # of Units within the PHDEP Target Area(s) | Total Population to be Served within the PHDEP Target Area(s) |
|---|--|---|
| Demby Terraces | 200 | 400 |
| Lemoyne Gardens | 300 | 600 |
| Twin Towers | 200 | 101 |
| Canterbury West | 24 | 55 |
| Parkside Estates | 134 | 270 |

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months. For "Other", identify the # of months).

6 Months _____ **12 Months** _____ **18 Months** _____ **24 Months** X **Other** _____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. For grant extensions received, place "GE" in column or "W" for waivers.

| Fiscal Year of Funding | PHDEP Funding Received | Grant # | Fund Balance as of Date of this Submission | Grant Extensions or Waivers | Anticipated Completion Date |
|------------------------|------------------------|----------------|--|-----------------------------|-----------------------------|
| FY 1995 | 255,930 | MI28DEP0270195 | 0 | 1 Extension | Completed |
| FY 1996 | 256,000 | MI28DEP0270196 | 0 | 1 Extension | Completed |
| FY 1997 | 256,000 | MI28DEP0270197 | 0 | 1 Extension | Completed |
| FY 1998 | 256,000 | MI28DEP0270198 | 0 | 1 Extension | Completed |
| FY 1999 | 188,709 | MI28DEP0270199 | 0 | None | Completed |
| FY2000 | 196,673 | MI28DEP0270100 | 166,446 | None | 04/30/02 |

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

To reduce the number of incidents of drug arrests and crimes that are due to trespassing by non-lease holders that committ acts of crimes in Public Housing. Partnership with the City of Inkster Police Department to make arrest and issues debarment letters to non lease holders. Violators will be ticketed by the Police Officers.

B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

| FY __2001__ PHDEP Budget Summary | |
|---|----------------|
| Budget Line Item | Total Funding |
| 9110 - Reimbursement of Law Enforcement | 128,803 |
| 9120 - Security Personnel | 72,000 |
| 9130 - Employment of Investigators | |
| 9140 - Voluntary Tenant Patrol | 10,000 |
| 9150 - Physical Improvements | |
| 9160 - Drug Prevention | |
| 9170 - Drug Intervention | |
| 9180 - Drug Treatment | |
| 9190 - Other Program Costs | |
| Auxiliary Police Support Services | |
| TOTAL PHDEP FUNDING | 210,803 |

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

| 9110 - Reimbursement of Law Enforcement | | | | | Total PHDEP Funding: \$128,803 | | |
|---|---------------------|-------------------|------------|------------------------|--------------------------------|--------------------------------|--|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDep Funding | Other Funding (Amount/ Source) | Performance Indicators |
| 1. Reduce crimes and drug dealings by providing Police services above baselines and utilizing the services of auxiliary police. | | | On-going | On-going | 128,803 | | Reduction of crimes statistics in Public Housing reported monthly by officers. |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9120 - Security Personnel | | | | | Total PHDEP Funding: \$72,000 | | |
|---|---------------------|-------------------|------------|------------------------|-------------------------------|--------------------------------|--|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDep Funding | Other Funding (Amount /Source) | Performance Indicators |
| 1. Improved sense of security by residents. | | | 12/00 | On-going | 72,000 | | Improve resident responses of Annual Statistic Survey. |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9130 - Employment of Investigators | | | | | Total PHDEP Funding: \$ | | |
|------------------------------------|--------------|-------------------|------------|-------------------|-------------------------|---------------|------------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons | Target Population | Start Date | Expected Complete | PHDEP Funding | Other Funding | Performance Indicators |

| | Served | | | Date | | (Amount /Source) | |
|----|--------|--|--|------|--|---------------------|--|
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9140 - Voluntary Tenant Patrol | | | | | Total PHDEP Funding: \$10,000 | | |
|--|--------------------|-------------------|------------|------------------------|-------------------------------|--------------------------------|--|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | #of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDep Funding | Other Funding (Amount /Source) | Performance Indicators |
| 1.Establish voluntary tenant patrol and provide training | 1426 | Residents | 03/02 | On-going | 7,000 | | Formation of voluntary tenant patrol and training performed. |
| 2.Provide equipment/uniform for voluntary tenant patrol members usage. | | | 03/02 | On-going | 3,000 | | |
| 3. | | | | | | | |

| 9150 - Physical Improvements | | | | | Total PHDEP Funding: \$ | | |
|------------------------------|--------------------|-------------------|------------|------------------------|-------------------------|--------------------------------|------------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | #of Persons Served | Target Population | Start Date | Expected Complete Date | PHDEP Funding | Other Funding (Amount /Source) | Performance Indicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9160 - Drug Prevention | | | | | Total PHDEP Funding: \$ | | |
|------------------------|--------------------------|----------------------|---------------|------------------------------|-------------------------|---|------------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | #of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDep Funding | Other Funding (Amount /Source) | Performance Indicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| | | | | | | | |
|---------------------------------|---------------------|-------------------|------------|------------------------|--------------------------------|--------------------------------|------------------------|
| 9170 - Drug Intervention | | | | | Total PHDEP Funding: \$ | | |
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHDEP Funding | Other Funding (Amount /Source) | Performance Indicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| | | | | | | | |
|------------------------------|---------------------|-------------------|------------|------------------------|--------------------------------|--------------------------------|------------------------|
| 9180 - Drug Treatment | | | | | Total PHDEP Funding: \$ | | |
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHDEP Funding | Other Funding (Amount /Source) | Performance Indicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| | | | | | | | |
|--|---------------------|-------------------|------------|------------------------|------------------------------|--------------------------------|------------------------|
| 9190 - Other Program Costs | | | | | Total PHDEP Funds: \$ | | |
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHDEP Funding | Other Funding (Amount /Source) | Performance Indicators |
| 1.Auxiliary Police support services. (voluntary tenant patrol) | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

Section 3: Expenditure/Obligation Milestones

Indicate by Budget Line Item and the Proposed Activity (based on the information contained in Section 2 PHDEP Plan Budget and Goals), the % of funds that will be expended (at least 25% of the total grant award) and obligated (at least 50% of the total grant award) within 12 months of grant execution.

| Budget Line Item # | 25% Expenditure of Total Grant Funds By Activity # | Total PHDEP Funding Expended (sum of the activities) | 50% Obligation of Total Grant Funds by Activity # | Total PHDEP Funding Obligated (sum of the activities) |
|------------------------------------|---|---|--|--|
| <i>e.g Budget Line Item # 9120</i> | <i>Activities 1, 3</i> | | <i>Activity 2</i> | |
| | | | | |
| 9110 | Activity 1 | 32,200 | Activity 1 | 128,803 |
| 9120 | Activity 1 | 18,000 | Activity 1 | 72,000 |
| 9130 | | | | |
| 9140 | Activity 1,2 | 2,500 | Activity 1,2 | 10,000 |
| 9150 | | | | |
| 9160 | | | | |
| 9170 | | | | |
| 9180 | | | | |
| 9190 | | | | |
| | | | | |
| TOTAL | | \$52,700 | | \$210,803 |

Section 4: Certifications

A comprehensive certification of compliance with respect to the PHDEP Plan submission is included in the “PHA Certifications of Compliance with the PHA Plan and Related Regulations.”

ATTACHMENT Mi027e03

SUMMARY OF PET POLICY

The Pet Ownership Policy was adopted in relationship to the agency's intent to provide a decent, safe and sanitary living environment for all tenants to protect and preserve the physical condition of the property.

If the agency refuse to register a pet, a written notification will be sent to the pet owner stating the reason for denial and shall be served in accordance with HUD Notice requirements. The Notice of refusal may be combined with a Notice of a Pet Violation.

Pet rules applied to animals who assist persons with disabilities. To be eligible for the reduced pet deposit for disabled resident owners, must certify: That the animal actually assists the person with the disability.

Tenants are not permitted to have more than one type of pet. If an approved pet gives birth to a litter, the resident must remove all pets from the premises except one.

Residents shall not alter their unit, patio, premises or common areas to create an enclosure for any animal.

| Annual Statement/Performance and Evaluation Report | | | | | |
|--|--|--|-----------|-------------------|------------------------------|
| Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1:Summary | | | | | |
| PHA Name: INKSTER HOUSING COMMISSION | | Grant Type and Number Capital Fund Program Grant No: 14128 P027 70899 Replacement Housing Factor Grant No: | | | Federal FY of Grant: 1999 |
| EI | Original Annual Statement[] Reserve for Disasters/ Emergencies X Revised Annual Statement (revision no: Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report | | | | |
| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
| | | Original | Revised | Obligated | Expended |
| I | Total non-CFP Funds | | | | |
| 2 | 1406 Operations | 115,000 | 119,000 | 53,605 | 52,655 |
| 3 | 1408 Management Improvements Soft Costs | | | | |
| | Management Improvements Hard Costs | | | | |
| 4 | 1410 Administration | 55,000 | 63,500 | 63,500 | 63,500 |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | 100,000 | 95,000 | 92,137 | 56,428 |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | 100,000 | 260,010 | 154,673 | -0- |
| 10 | 1460 Dwelling Structures | 1,265,200 | 1,052,191 | 1,149,900 | -0- |
| 11 | 1465.1 Dwelling Equipment-Nonexpendable, | | | | |
| 12 | 1470 Nondwelling Structures | | | | |
| 13 | 1475 Nondwelling Equipment | -0- | 45,999 | 45,999 | 0- |
| 14 | 1485 Demolition | | | | |
| 15 | 1490 Replacement Reserve | | | | |
| 16 | 1492 Moving to Work Demonstration | | | | |
| 17 | 1495.1 Relocation Costs | | | | |
| 18 | 1499 Development Activities | | | | |

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| Annual Statement/Performance and Evaluation Report | | | | | |
|---|--|--|-----------|-------------------|----------------------------------|
| Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary | | | | | |
| PHA Name: INKSTER HOUSING COMMISSION | | Grant Type and Number Capital Fund Program Grant No:M128 P027 70899 Replacement Housing Factor Grant No: | | | Federal FY of Grant: 1999 |
| | Original Annual Statement Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: Performance and Evaluation Report for Period Ending: 0 Final Performance and Evaluation Report | | | | |
| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
| 19 | 1502 Contingency | | | | |
| | Amount of Annual Grant: (sum of lines) | 1,635,700 | 1,635,700 | 1,559,814 | 172,533 |
| | Amount of line XX Related to LBP Activities | | | | |
| | Amount of line XX Related to Section 504 compliance | | | | |
| | Amount of line XX Related to Security -Soft Costs | | | | |
| | Amount of Line XX related to Security- Hard Costs | | | | |
| | Amount of line XX Related to Energy Conservation Measures | | | | |
| | Collateralization Expenses or Debt Service | | | | |
| | | | | | |

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CAPITAL FUND PROGRAM TABLES START HERE

AS OF: 06/30/00

| Annual Statement/Performance and Evaluation Report | | | | | |
|---|---|---|-----------|-------------------|------------------------------|
| Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary | | | | | |
| PHA Name: INKSTER HOUSING COMISSION | | Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: | | | Federal FY of Grant: 1998 |
| [.]Original | Annual Statement Reserve for Disasters/ Emergencies X Revised Annual Statement (revision no: Performance and Evaluation Report for Period Ending: 0 Final Performance and Evaluation Report | | | | |
| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
| | | Original | Revised | Obligated | Expended |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations | | | | |
| 3 | 1408 Management Improvements Soft Costs | 4,983 | 2,234 | 2,234 | 2,234 |
| | Management Improvements Hard Costs | | | | |
| 4 | 14 10 Administration | 42,800 | 45,549 | 42,800 | 42,800 |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | 101,299 | 122,805 | 86,175 | 68,988 |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | 64,000 | 70,000 | -0- | -0- |
| 10 | 1460 Dwelling Structures | 1,204,375 | 1,176,869 | 30,121 | 30,121 |
| 11 | 1465.1 Dwelling Equipment-Nonexpendable, | | | | |
| 12 | 1470 Nondwelling Structures | | | | |
| 13 | 1475 Nondwelling Equipment | | | | |
| 14 | 1485 Demolition | | | | |
| 15 | 1490 Replacement Reserve | | | | |
| 16 | 1492 Moving to Work Demonstration | | | | |
| 17 | 1495.1 Relocation Costs | | | | |
| 18 | 1499 Development Activities | | | | |

| Annual Statement/Performance and Evaluation Report | | | | | |
|--|---|---|-----------|-------------------|----------------------------------|
| Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPMF) Part 1: Summary | | | | | |
| PHA Name: INKSTER HOUSING COMMISSION | | Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: | | | Federal FY of Grant: 1998 |
| Original | Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report | | | | |
| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
| 19 | 1502 Contingency | | | | |
| | | | | | |
| | Amount of Annual Grant: (sum of lines | 1,417,457 | 1,417,457 | 161,330 | 144,143 |
| | Amount of line XX Related to LBP Activities | | | | |
| | Amount of line XX Related to Section 504 compliance | | | | |
| | Amount of line XX Related to Security-Soft Costs | | | | |
| | Amount of Line XX related to Security- Hard Costs | | | | |
| | Amount of line XX Related to Energy Conservation Measures | | | | |
| | Collateral ization Expenses or Debt Service | | | | |

| Annual Statement/Performance and Evaluation Report | | | | | |
|---|--|---|-----------|-------------------|------------------------------|
| Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary | | | | | |
| PHA Name: INKSTER HOUSING COMMISSION | | Grant Type and Number Capital Fund Program Grant No: M128 P027 70798 Replacement Housing Factor Grant No: | | | Federal FY of Grant: 1998 |
| Original | Annual Statement Reserve for Disasters/ Emergencies X Revised Annual Statement (revision no: Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report | | | | |
| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
| | | Original | Revised | Obligated | Expended |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations | | | | |
| 3 | 1408 Management Improvements Soft Costs | 4,983 | 2,234 | 2,234 | 2,234 |
| | Management Improvements Hard Costs | | | | |
| 4 | 1410 Administration | 42,800 | 45,549 | 45,549 | 42,800 |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | 101,299 | 122,805 | 122,805 | 98,406 |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | 64,000 | 70,000 | 70,000 | 70,000 |
| 10 | 1460 Dwelling Structures | | | | |
| 11 | 1465 . 1 Dwelling Equipment-Nonexpendable | 1,204,375 | 1,176,869 | 1,176,869 | 1,154,946 |
| 12 | 1470 Nondwelling Structures | | | | |
| 13 | 1475 Nondwelling Equipment | | | | |
| 14 | 1485 Demolition | | | | |
| 15 | 1490 Replacement Reserve | | | | |
| 16 | 1492 Moving to Work Demonstration | | | | |
| 17 | 1495 . 1 Relocation Costs | | | | |
| | 1499 Development Activities | | | | |

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AS OF:
06/30/00

| Annual Statement/Performance and Evaluation Report | | | | | |
|---|---|--|-------------------|-------------------|-------------------------------------|
| Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary | | | | | |
| PHA Name: INKSTER HOUSING COM14ISSION | | Grant Type and Number Capital Fund Program Grant No: M128 P027 70899 Replacement Housing Factor Grant No: | | | Federal FY of Grant: 1999 |
| El | Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: Performance and Evaluation Report for Period Ending: [:]Final Performance and Evaluation Report | | | | |
| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
| 19 | 1502 Contingency | | | | |
| | | | | | |
| | Amount of Annual Grant: (sum of lines | 1 , 6 3 5 . 7 0 0 | 1 , 6 3 5 , 7 0 0 | 5 5 , 5 0 0 | - 0 - |
| | Amount of line XX Related to LBP Activities | | | | |
| | Amount of line XX Related to Section 504 compliance | | | | |
| | Amount of line XX Related to Security-Soft Costs | | | | |
| | Amount of Line XX related to Security- Hard Costs | | | | |
| | Amount of line XX Related to Energy Conservation Measures | | | | |
| | Collateral ization Expenses or Debt Service | | | | |

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06/30/00

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program

Replacement Housing Factor (CFP/CFPRHF) Part 1:

Summary

PHA Name:

INKSTER HOUSING COM14MISSION

Grant Type and Number

Capital Fund Program Grant No: M128 P027 50101

Replacement Housing Factor Grant No:

eral FY of Grant:

2000

EI

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:

Performance and Evaluation Report for Period Ending: EI Final Performance and Evaluation Report

| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
|----------|---|----------------------|---------|-------------------|----------|
| | | Original | Revised | Obligated | Expended |
| 1 | Total non-CFP Funds | 92,502 | | -0- | -0- |
| 2 | 1406 Operations | 12,000 | | -0- | -0- |
| 3 | 1408 Management Improvements Soft Costs | | | | |
| | Management Improvements Hard Costs | | | | |
| 4 | 14 10 Administration | 63,500 | | -0- | -0- |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liqu dated Damages | 95,000 | | -0- | -0- |
| 7 | 1430 Fees and Costs | | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | | | | |
| 10 | 1460 Dwelling Structures | 1,219,529 | | -0- | -0- |
| 11 | 1465.1 Dwelling Equipment-Nonexpendable | 300,000 | | -0- | -0- |
| 12 | 1470 Nondwelling Structures | | | | |
| 13 | 1475 Nondwelling Equipment | 58,000 | | -0- | -0- |
| 14 | 1485 Demolition | 9,500 | | -0- | -0- |
| 15 | 1490 Replacement Reserve | | | | |
| 16 | 1492 Moving to Work Demonstration | | | | |
| 17 | 1495.1 Relocation Costs | | | | |
| 18 | 1499 Development Activities | | | | |

As Of

| | | | | | |
|--|---|--|--|-------------------|------------------------------|
| Annual Statement/Performance and Evaluation Report | | | | | |
| Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary | | | | | |
| PHA Name: INKSTER HOUSING COMMISSION | | Grant Type and Number Capital Fund Program Grant No:M128 PO 2750101 Replacement Housing Factor Grant No: | | | Federal FY of Grant: 2000 |
| [[Original | Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report | | | | |
| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
| 19 - | 1502 Contingency | | | | |
| | Amount of Annual Grant: (sum of lines) | 1,850,031 | | -0- | -0- |
| | Amount of line XX Related to LBP Activities | | | | |
| | Amount of line Y-X Related to Section 504 compliance | 20-000 | | -0- | -0- |
| | Amount of line XX Related to Security-Soft Costs | | | | |
| | Amount of Line XX related to Security- Hard Costs | | | | |
| | Amount of line XX Related to Energy Conservation Measures | | | | |
| | Collateral ization Expenses or Debt Service | | | | |
| | | | | | |

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6/30/01**

As Of

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

| | | | | | | |
|---------------------------------------|--|---|---------|-----------------|------------------------------|--|
| HA Name: JKSTER HOUSING COMMISSION | | Grant Type and Number Capital Fund Program Grant No: N128 P027 50101 Replacement Housing Factor Grant No: | | | Federal FY of Grant: 2000 | |
| Original | Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report | | | | | |
| ine o. | Summary by Development Account | Total Estimated Cost | | Tota Actual ost | | |
| | | Original | Revised | Obligated | Expended | |
| | Total non-CFP Funds | 92,502 | | 92,502 | -0- | |
| | 1406 Operations | 12,000 | | 12,000 | 12,297 | |
| | 1408 Management Improvements Soft Costs | | | | | |
| | Management Improvements Hard Costs | | | | | |
| | 1410 Administration | 63,500 | | 63,500 | -0- | |
| | 1411 Audit | | | | | |
| | 1415 Liquidated Damages | 95,000 | | -0- | -0- | |
| | 1430 Fees and Costs | | | | | |
| | 1440 Site Acquisition | | | | | |
| | 1450 Site Improvement | | | | | |
| 1 | 1460 Dwelling Structures | 1,219,529 | | 69 090 | 60,436 | |
| 2 | 1465.1 Dwelling Equipment----Nonexpendable | 300-000 | | -0- | -0- | |
| 3 | 1470 Nondwelling Structures | | | | | |
| 4 | 1475 Nondwelling Equipment | 58,000 | | 28,000 | -0- | |
| 5 | 1485 Demolition | 9,500 | | -0- | -0- | |
| 6 | 1490 Replacement Reserve | | | | | |
| 7 | 1492 Moving to Work Demonstration | | | | | |
| 8 | 1495 I Relocation Costs | | | | | |
| 9 | 1499 Development Activities | | | | | |

Annual Statement/Performance and Evaluation Report**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

| | | | | | |
|-------------------------------------|---|---|----------------------|------------------------------|-------------------|
| A Name: KSTER HOUSING COMMISSION | | Grant Type and Number Capital Fund Program Grant No: M128 PO 2750101 Replacement Housing Factor Grant No: | | Federal FY of Grant: 2000 | |
| ri al | Annual Statement[:] Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: Performance and Evaluation Report for Period Ending: 0 Final Performance and Evaluation Report | | | | |
| | Summary by Development Account | | Total Estimated Cost | | Total Actual Cost |
| ie - | 1502 Contingency | | | | |
| | | | | | |
| | Amount of Annual Grant: (sum of lines) | | 1,850,031 | 265,092 | 72,733 |
| | Amount of line XX Related to LBP Activities | | | | |
| | Amount of line XX Related to Section 504 compliance | | 20,000 | - | -0- |
| | Amount of line XX Related to Security -Soft Costs | | | | |
| | Amount of Line XX related to Security- Hard Costs | | | | |
| | Amount of line XX Related to Energy Conservation Measures | | | | |
| | Collateral ization Expenses or Debt Service | | | | |
| | | | | | |

Applicant
Name

INKSTER HOUSING
COMMISSION
Program/Activity: Receiving Federal Grant

PUBLIC HOUSING AGENCY PLAN - FFY

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to my person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of my cooperative agreement, and the extension, continuation, renewal, amendment, or modification of my Federal contract, grant, loan, or cooperative agreement.

(2) If my funds other than Federal appropriated funds have been paid or will be paid to my person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to certify shall be subject to a civil penalty of \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.

Name of Authorized

TONY L. LOVE
Signature

EXECUTIVE

10/12/01

X
Previous edition is
obsolete

for, HUD 50071 (3/98)
ref. Handbooks 7417.1, 7475.13, 7465.1 t

CAPITAL FUND PROGRAM TABLES
ATTACHMENT B

| Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary | | | | | |
|---|---|---|---------|-------------------|------------------------------|
| PHA Name: Inkster Housing Commission | | Grant Type and Number Capital Fund Program Capital Fund Program Grant No: MI28 P02750101 Replacement Housing Factor Grant No: | | | Federal FY of Grant: 2001 |
| <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
| | | Original | Revised | Obligated | Expended |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations | 185,003 | | | |
| 3 | 1408 Management Improvements Soft Costs | 19,263 | | | |
| | Management Improvements Hard Costs | 19,262 | | | |
| 4 | 1410 Administration | 63,500 | | | |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | 100,000 | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | 534,800 | | | |
| 10 | 1460 Dwelling Structures | 595,571 | | | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | 100,000 | | | |
| 12 | 1470 Nondwelling Structures | | | | |
| 13 | 1475 Nondwelling Equipment | | | | |
| 14 | 1485 Demolition | 148,200 | | | |
| 15 | 1490 Replacement Reserve | | | | |
| 16 | 1492 Moving to Work Demonstration | | | | |
| 17 | 1495.1 Relocation Costs | 18,000 | | | |
| 18 | 1499 Development Activities | | | | |
| 19 | 1501 Collateralization or Debt Service | | | | |
| 20 | 1502 Contingency | 103,974 | | | |

| Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary | | | | | |
|---|---|---|---------|-------------------|------------------------------|
| PHA Name: Inkster Housing Commission | | Grant Type and Number Capital Fund Program Capital Fund Program Grant No: MI28 P02750101 Replacement Housing Factor Grant No: | | | Federal FY of Grant: 2001 |
| <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
| | | Original | Revised | Obligated | Expended |
| 21 | Amount of Annual Grant: (sum of lines 2 – 20) | 1,887,573 | | | |
| 22 | Amount of line 21 Related to LBP Activities | | | | |
| 23 | Amount of line 21 Related to Section 504 compliance | | | | |
| 24 | Amount of line 21 Related to Security – Soft Costs | | | | |
| 25 | Amount of Line 21 Related to Security – Hard Costs | | | | |
| 26 | Amount of line 21 Related to Energy Conservation Measures | | | | |

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

| PHA Name: Inkster Housing Commission | | Grant Type and Number Capital Fund Program Grant No: MI 27P0 2750101 Replacement Housing Factor Grant No: | | | | Federal FY of Grant: 2001 | | |
|---|--|---|-----------|----------------------|---------|------------------------------|----------------|----------------|
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| MI 27-1 | Upgrade security lighting | 1450 | | 150,000 | | | | |
| | Demolition | 1485 | 7 units | 26,000 | | | | |
| | Vacant Units Rehab Unit No # 117, 118, 120, 121, 148, 151, 163, 191, 192, 199, 11, 130, 149 & 150 | 1460 | 14 units | 70,000 | | | | |
| MI 27-2 | Upgrade security lighting | 1450 | | 113,000 | | | | |
| | Demolition | 1485 | 10 units | 47,500 | | | | |
| | Vacant units Rehab Unit No # 248, 250, 255, 256, 257, 258, 262, 247, 249 & 277 | 1460 | 10 units | 50,000 | | | | |
| | Accumulation toward comprehensive Roof Repair | 1460 | | 43,022 | | | | |
| MI 27-3 | Upgrade security lighting | 1450 | | 50,000 | | | | |
| | Demolition | 1485 | 16 units | 74,100 | | | | |
| | Vacant Units Rehab Unit No # 354, 392, 442, 479, 480, 481, 482, 493, 497, 498, 335, 356, 372, 374, 402, 455, 473, 485 & 486 | 1460 | 19 units | 195,000 | | | | |
| | New Appliances (ranges & refrigerators) | 1465.1 | 100 units | 100,000 | | | | |
| MI 27-4 | Resurface parking lot | 1450 | | 75,000 | | | | |
| | | | | | | | | |

| | | | | | | | | |
|----------|--|--------|-----------|---------|--|--|--|--|
| | Accumulation toward comprehensive Renovation of Twin Towers Developments | 1460 | 100 units | 194,550 | | | | |
| | Vacant Units Rehab Unit No # 690, 622, 599, 594, 510, 509, 508, 507, 506, 522, 526, 567, 584, 625, 632, 646, 651, 677 & 692 | 1460 | 19 units | 38,000 | | | | |
| | Relocation expenses for non-elderly tenants | 1495.1 | 30 units | 18,000 | | | | |
| MI 27-5 | Upgrade security lighting | 1450 | | 30,000 | | | | |
| | Vacant Units Rehab Unit No # 706 | 1460 | 1 unit | 5,000 | | | | |
| PHA WIDE | Extensive tree trimming / removal | 1450 | | 76,800 | | | | |
| | Administration | 1410 | | 63,500 | | | | |
| | Fees and Costs | 1430 | | 100,000 | | | | |
| | Operation | 1406 | | 185,003 | | | | |
| | Management Improvements | 1408 | | 38,525 | | | | |
| | Install Development Signage | 1450 | | 40,000 | | | | |
| | Contingency | 1502 | | 103,974 | | | | |

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

| | | | | | | | |
|--|---|--|--------|---|---------|------------------------------|----------------------------------|
| PHA Name: Inkster Housing Commission | | Grant Type and Number Capital Fund Program Capital Fund Program No: MI 27P0 2750101 Replacement Housing Factor No: | | | | Federal FY of Grant: 2001 | |
| Development Number Name/HA-Wide Activities | All Fund Obligated (Quarter Ending Date) | | | All Funds Expended (Quarter Ending Date) | | | Reasons for Revised Target Dates |
| | Original | Revised | Actual | Original | Revised | Actual | |
| MI 27-1 | | | | | | | |
| Upgrade security lighting | 07/01/02 | | | 03/31/03 | | | |

| | | | | | | | |
|----------------------------------|----------|--|--|----------|--|--|--|
| Demolition | 07/01/02 | | | 03/31/03 | | | |
| Vacant Units Rehab | 07/01/02 | | | 03/31/03 | | | |
| | | | | | | | |
| MI 27-2 | | | | | | | |
| Upgrade security lighting | 07/01/02 | | | 03/31/03 | | | |
| Demolition | 07/01/02 | | | 03/31/03 | | | |
| Vacant Units Rehab | 07/01/02 | | | 03/31/03 | | | |
| Accumulation of Funds (roofs) | 07/01/02 | | | 03/31/03 | | | |
| MI 27-3 | | | | | | | |
| Upgrade security lighting | 07/01/02 | | | 03/31/03 | | | |
| Demolition | 07/01/02 | | | 03/31/03 | | | |
| Vacant Units Rehab | 07/01/02 | | | 03/31/03 | | | |
| New Appliances | 07/01/02 | | | 03/31/03 | | | |
| | | | | | | | |

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

| PHA Name: Inkster Housing Commission | | Grant Type and Number Capital Fund Program Capital Fund Program No: MI 27P0 2750101 Replacement Housing Factor No: | | | | Federal FY of Grant: 2001 | |
|---|---|--|--------|---|---------|------------------------------|----------------------------------|
| Development Number Name/HA-Wide Activities | All Fund Obligated (Quarter Ending Date) | | | All Funds Expended (Quarter Ending Date) | | | Reasons for Revised Target Dates |
| | Original | Revised | Actual | Original | Revised | Actual | |
| MI 27-4 | | | | | | | |
| Accumulation toward comprehensive renovation of T win Towers Development | 07/01/02 | | | 03/31/03 | | | |
| Resurface parking lot | 07/01/02 | | | 03/31/03 | | | |
| Vacant Units Rehab | 07/01/02 | | | 03/31/03 | | | |
| Relocation Expenses for non-elderly tenants | 07/01/02 | | | 03/31/03 | | | |
| MI 27-5 | | | | | | | |
| Upgrade security lighting | 07/01/02 | | | 03/31/03 | | | |
| Vacant Units Rehab | 07/01/02 | | | 03/31/03 | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| PHA WIDE | | | | | | | |
| Tree Trimming | 07/01/02 | | | 03/31/03 | | | |
| Administration | 07/01/02 | | | 03/31/03 | | | |
| Fees and Costs | 07/01/02 | | | 03/31/03 | | | |
| Operation | 07/01/02 | | | 03/31/03 | | | |
| Management | 07/01/02 | | | 03/31/03 | | | |
| Improvements | | | | | | | |
| Development Signage | 07/01/02 | | | 03/31/03 | | | |

| | | | | | | | |
|-------------|----------|--|--|----------|--|--|--|
| Contingency | 07/01/02 | | | 03/31/03 | | | |
|-------------|----------|--|--|----------|--|--|--|

Capital Fund Program Five-Year Action Plan

Part I: Summary

| PHA Name Inkster Housing Commission | | | | <input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No: | |
|--|---------------------|--|---|---|---|
| Development Number/Name/HA- Wide | Year 1 2001 | Work Statement for Year 2 FFY Grant: PHA FY: 2002 | Work Statement for Year 3 FFY Grant: PHA FY: 2003 | Work Statement for Year 4 FFY Grant: PHA FY: 2004 | Work Statement for Year 5 FFY Grant: PHA FY: 2005 |
| | Annual Statement | | | | |
| | | MI 27-3 | MI 27-1 | MI 27-4 | MI 27-1 |
| | | Renovate units/mobility accessible | Install new electrical panels | Renovate units/mobility accessible | Renovate units/mobility accessible |
| | | | Install floor tile | Renovate South Tower & mechanical air-conditioning work | |
| | | MI 27-4 | Upgrade interior doors | New appliances | MI 27-2 |
| | | Renovate North Tower & Mechanical air-conditioning work | Renovate unit/mobility accessible | | Exterior painting/rotten wood |
| | | New appliances | MI 27-2 | PHA WIDE | |
| | | | Install electrical panels | Operation | MI 27-3 |
| | | PHA WIDE | Install floor tile | Management Improvement | Install floor tiles |
| | | Fees and Costs | Renovate unit/mobility accessible | Administration | Upgrade interior doors |
| | | Architects | Accumulation toward comprehensive roof repair | Fees and Costs | Storm Doors |
| | | | | | MI 27-4 |
| | | | MI 27-3 | | Painting interior commor areas |
| | | | Repair/replace sidewalks | | Debt Service/Twin Towe |
| | | | MI 27-4 | | |
| | | | Collateralization/Debt Services | | |
| | | | Renovation (South Tower) | | |

Capital Fund Program Five-Year Action Plan

Part I: Summary

| | | | | | |
|--------------------------------------|------------------|---|---|---|---|
| PHA Name Inkster Housing Commission | | | | <input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No: | |
| Development Number/Name/HA-Wide | Year 1 2001 | Work Statement for Year 2 FFY Grant: PHA FY: 2002 | Work Statement for Year 3 FFY Grant: PHA FY: 2003 | Work Statement for Year 4 FFY Grant: PHA FY: 2004 | Work Statement for Year 5 FFY Grant: PHA FY: 2005 |
| | Annual Statement | | | | |
| | | | MI 27-6 | | MI 27-5 |
| | | | Interior painting of units | | Painting interior |
| | | | PHA WIDE | | |
| | | | Operation | | PHA WIDE |
| | | | Management Improvement | | Contingency |
| | | | Administration | | Operations |
| | | | Fees and Costs | | Management Improvement |
| | | | | | Administration |
| | | | | | Fees & Costs |
| | | | | | |
| CFP Funds Listed for 5-year planning | | 1,916,028 | 1,916,028 | 1,916,028 | 1,916,028 |
| | | | | | |
| Replacement Housing Factor Funds | | | | | |

| | |
|--|---|
| Signature of Executive Director and Date X | Signature of Public Housing Director Office of Native American Programs Administrator and I X |
|--|---|

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages 1 Work Activities

| Activities for Year 1 | Activities for Year :_2_ FFY Grant: 2002 PHA FY:2002 | | | Activities for Year: __3_ FFY Grant: 2003 PHA FY: 2003 | | |
|---------------------------------|--|--------------------------|-------------------|--|---------------------------------------|----------------|
| | Development Name/Number | Major Work Categories | Estimated Cost | Development Name/Number | Major Work Categories | Estimated Cost |
| See | MI 27-3 | Renovate units | 16,000 | MI 27-1 | Electrical Panel | 75,000 |
| Annual | | Mobility accessible | | | Floor tile | 250,000 |
| Statement | Subtotal | | 16,000 | | Doors | 190,000 |
| | | | | | Renovate units/mobility accessible | 8,000 |
| | MI 27-4 | Renovate (North Tower) | 1,800,028 | | | |
| | | New Appliance | 45,000 | | Subtotal | 523,000 |
| | Subtotal | | 1,845,028 | | | |
| | | | | MI 27-2 | Electrical Panel | 50,000 |
| | PHA WIDE | Fees and Costs | | | Floor tile | 125,000 |
| | | Architect's Fees | 100,000 | | Renovate units/mobility accessible | 8,000 |
| | Subtotal | | 100,000 | | Accumulation (Roofs) | 250,000 |
| | | | | | Subtotal | 433,000 |
| | | | | | | |
| | | | | MI 27-3 | Sidewalks | 129,047 |
| | | | | | Subtotal | 129,047 |
| | | | | | | |
| | | | | MI 27-4 | Collateralization | 243,757 |
| | | | | | Subtotal | 243,757 |
| | | | | | | |
| Total CFP Estimated Cost | | | \$1961,028 | | | |

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages 2 Work Activities

| Activities for Year : ____ FFY Grant: PHA FY: | | | Activities for Year: __3_ FFY Grant: 2003 PHA FY: 2003 | | |
|---|------------------------------|-----------------------|--|--|-----------------------|
| Development Name/Number | Major Work Categories | Estimated Cost | Development Name/Number | Major Work Categories | Estimated Cost |
| | | | MI 27-6 | Painting | 153,475 |
| | | | | | |
| | | | | Subtotal | 153,475 |
| | | | | | |
| | | | PHA WIDE | Operations | 191,602 |
| | | | | Funding to support seasonal employment of lawn services and snow removable services. | |
| | | | | Contract labor cost to support maintenance operation | |
| | | | | | |
| | | | | Subtotal | 191,602 |
| | | | | | |
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| | | | | | |
| Total CFP Estimated Cost | \$ | | | | \$ |

Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages 3 Work Activities

| Activities for Year : ____ FFY Grant: PHA FY: | | | Activities for Year: _3 FFY Grant: 2003 PHA FY: 2003 | | |
|---|--------------------------|----------------|--|---|----------------|
| Development Name/Number | Major Work Categories | Estimated Cost | Development Name/Number | Major Work Categories | Estimated Cost |
| | | | PHA WIDE | Management Improvements | 50,000 |
| | | | | Computer network | |
| | | | | Training, software | |
| | | | | Training, internet access | |
| | | | | Training and Public Housing Management | |
| | | | | Training for 50 persons | |
| | | | | | |
| | | | | Subtotal | 50,000 |
| | | | | | |
| | | | | Administration | 63,500 |
| | | | | Portion of salaries | |
| | | | | Executive Director | 8,255 |
| | | | | Director of Finance | 8,255 |
| | | | | Director of Modernization | 8,255 |
| | | | | Director of Facilities | 8,255 |
| | | | | Estate manager | 8,255 |
| | | | | Fringes (35%) | 22,225 |
| | | | | | |
| | | | | Subtotal | 63,500 |
| | | | | | |
| | | | | | |
| Total CFP Estimated Cost | | \$ | | | \$ |

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages 4 Work Activities

| Activities for Year : ____ FFY Grant: _____ PHA FY: _____ | | | Activities for Year: 2003 FFY Grant: 2003 PHA FY: 2003 | | |
|---|--------------------------|----------------|--|--------------------------|--------------------|
| Development Name/Number | Major Work Categories | Estimated Cost | Development Name/Number | Major Work Categories | Estimated Cost |
| | | | PHA WIDE | Fees and Costs | |
| | | | | Architect's Fees | 100,000 |
| | | | | | |
| | | | | Subtotal | 100,000 |
| | | | | | |
| | | | | Contingency | 28,647 |
| | | | | | |
| | | | | Subtotal | 28,647 |
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| | | | | | |
| Total CFP Estimated Cost | | \$ | | | \$1,916,028 |

Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages 5 Work Activities

| Activities for Year : __4__ FFY Grant: 2004 PHA FY: 2004 | | | Activities for Year: __5__ FFY Grant: 2005 PHA FY: 2005 | | |
|--|---|------------------|---|----------------------------------|----------------|
| Development Name/Number | Major Work Categories | Estimated Cost | Development Name/Number | Major Work Categories | Estimated Cost |
| MI 27-4 | Renovate units/mobile accessible | 15,400 | MI 27-1 | Renovate units/mobile accessible | 8,000 |
| | Renovate South Tower & mechanical air conditioning work | 1,465,926 | | Painting | 198,160 |
| | New appliances | 45,000 | | | |
| | Subtotal | 1,526,326 | | Subtotal | 206,160 |
| | | | | | |
| PHA WIDE | Operations | 176,202 | MI 27-2 | Painting | 101,840 |
| | Funding to support | | | Renovate units/mobile accessible | 8,000 |
| | Seasonal employment of | | | | |
| | Lawn services and snow | | | Subtotal | 109,840 |
| | Removal services. | | | | |
| | Contractor labor cost to | | MI 27-3 | Floor tile | 240,000 |
| | Support maintenance | | | Doors | 190,000 |
| | Operation. | | | Storm Doors | 63,050 |
| | Security services for | | | | |
| | Elderly buildings | | | Subtotal | 493,050 |
| | | | | | |
| | Subtotal | 176,202 | MI 27-4 | Painting | 25,000 |
| | | | | Collateralization | 483,603 |
| | | | | | |
| | | | | Subtotal | 508,603 |
| | | | | | |

Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages 6 Work Activities

| Activities for Year : _4_ | | | Activities for Year: _5 | | |
|---------------------------------|-------------------------------|----------------|-------------------------|--|----------------|
| FFY Grant: 2004 | | | FFY Grant: 2005 | | |
| PHA FY: 2004 | | | PHA FY: 2005 | | |
| Development Name/Number | Major Work Categories | Estimated Cost | Development Name/Number | Major Work Categories | Estimated Cost |
| | | | MI 27-5 | Painting | 50,000 |
| | Management Improvement | 50,000 | | | |
| | Training for computer | | | Subtotal | 50,000 |
| | System upgrade for 50 persons | | | | |
| | | | PHA WIDE | Contingency | 143,273 |
| | Subtotal | 50,000 | | Subtotal | 143,273 |
| PHA WIDE | Administration | 63,500 | | | |
| | Portion of salaries | | | Operations | 191,602 |
| | Executive Director | 8,255 | | Funding to support | |
| | Director of Finance | 8,255 | | seasonal employment | |
| | Director of Modernization | 8,255 | | of lawn services and snow removal services | |
| | Director of Facilities | 8,255 | | Contract labor cost to | |
| | Estate Manager | 8,255 | | support maintenance | |
| | Fringes (35%) | 22,225 | | operation. Security | |
| | | | | services for elderly | |
| | Subtotal | 63,500 | | buildings. | |
| | | | | Subtotal | 191,602 |
| | | | | | |
| | | | | | |
| Total CFP Estimated Cost | | \$ | | | \$ |

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages 7 Work Activities

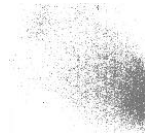
| Activities for Year : _4_ | | | Activities for Year: _5 | | |
|---------------------------------|-----------------------|--------------------|-------------------------|---|----------------|
| FFY Grant: 2004 | | | FFY Grant: 2005 | | |
| PHA FY: 2004 | | | PHA FY: 2005 | | |
| Development Name/Number | Major Work Categories | Estimated Cost | Development Name/Number | Major Work Categories | Estimated Cost |
| | Fees and Costs | | PHA WIDE | Management Improvements | 50,000 |
| | Architect's Fees | 100,000 | | Update training for (15) maintenance staff. | |
| | | | | Public housing software system conversion | |
| | Subtotal | 100,000 | | training for 30 persons | |
| | | | | Subtotal | 50,000 |
| | | | | Administration | 63,500 |
| | | | | Port ion of salaries | |
| | | | | Executive Director | 8,255 |
| | | | | Director of Finance | 8,255 |
| | | | | Director of Modernization | 8,255 |
| | | | | Director of Facilities | 8,255 |
| | | | | Estate manager | 8,255 |
| | | | | Fringes (35%) | 22,225 |
| | | | | | |
| | | | | Subtotal | 63,500 |
| | | | | | |
| | | | | | |
| Total CFP Estimated Cost | | \$1,916,028 | | | \$ |

Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages 8 Work Activities

| Activities for Year : ____ FFY Grant: PHA FY: | | | Activities for Year: _5 FFY Grant: 2005 PHA FY: 2005 | | |
|---|--------------------------|----------------|--|--------------------------|--------------------|
| Development Name/Number | Major Work Categories | Estimated Cost | Development Name/Number | Major Work Categories | Estimated Cost |
| | | | | Fees and Costs | |
| | | | | Architect's Fees | 100,000 |
| | | | | Subtotal | 100,000 |
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| Total CFP Estimated Cost | | | | | \$1,916,028 |

Certification by State or Local Official of PHA Plans Consistency with the
Consolidated Plan

I, Edward H. McNamara the Wayne County Executive certify
that the Five Year and Annual PHA Plan of the Inkster Housing Commission is
consistent with the Consolidated Plan of Wayne County prepared
pursuant to 24 CFR Part 9 1.



Signed / Dated by Appropriate State or Local Official

Drug-Free Workplace

Applicant Name

INKSTER HOUSING COMMISSION
Program/Activity Receiving Federal Grant Funding

PUBLIC HOUSING AGENCY PLAN - FY 2001

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees --

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs-, and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. Situ for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Check here 11 if there are workplaces on file that are not Identified on Me attached sheets,

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.

(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

-TONY J ...LOVE

Signature



tie

EXECUTIVE DIRECTOR



10/12/01

form HUD-50070 (3198)

ref. Handbooks 7417.1, 7475.13, 7486.1 & 3